



SmartPA Criteria Proposal

Drug/Drug Class:	Calcium Channel Blockers (Dihydropyridines) PDL Edit	
First Implementation Date:	August 18, 2004	
Proposed Date:	September 17, 2020	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	 □Existing Criteria ⊠Revision of Existing Criteria 	
	□New Criteria	

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Calcium channel blocking agents slow the movement of calcium across the cell membrane resulting in the reduction of contraction of both smooth and cardiac muscle and cells within the heart and blood vessels. These agents are generally classified into two groups, according to their chemical structure: dihydropyridines (amlodipine, felodipine, isradipine, nicardipine, nifedipine, and nisoldipine), and nondihydropyridines (diltiazem and verapamil). Dihydropyridines (DHPs) have greater selectivity for vascular smooth muscle with little direct effect on the myocardium; nondihydropyridines (non-DHPs) have less selective vasodilator activity and have a direct effect on the myocardium.

Program-Specific	Preferred Agents	Non-Preferred Agents
Information:	Amlodipine	Adalat CC [®]
	Felodipine ER	Afeditab CR [®]
	Nifedipine ER	Consensi [®]
	Nifedipine IR	Isradipine
		 Katerzia[™]
		Nicardipine
		Nifedical XL
		Nimodipine
		Nisoldipine
		Nisoldipine ER
		Norvasc [®]
		Nymalize [®]
		Procardia XL [®]
		Procardia [®]
		• Sular [®]

Total program savings for the PDL classes will be regularly reviewed.

Type of Criteria:	Increased risk of ADE	
	Appropriate Indications	

☑ Preferred Drug List
 □ Clinical Edit

Data Sources: 🛛 Only Administrative Databases

□ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Calcium Channel Blockers (Dihydropyridines)
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period for preferred agents OR
 - Documented ADE/ADR to preferred agents AND
- For Katerzia: Clinical Consultant Review for participants aged 10 years or older

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
NORVASC 2.5 MG	AMLODIPINE	1 tablet per day
NORVASC 10 MG	AMLODIPINE	1 tablet per day
NORVASC 5 MG	AMLODIPINE	1 tablet per day
SULAR 20 MG	NISOLDIPINE	1 tablet per day
SULAR 30 MG	NISOLDIPINE	2 tablets per day
SULAR 40 MG	NISOLDIPINE	1 tablet per day
SULAR 8.5 MG	NISOLDIPINE	1 tablet per day
SULAR 17 MG	NISOLDIPINE	1 tablet per day
SULAR 25.5 MG	NISOLDIPINE	1 tablet per day
SULAR 34 MG	NISOLDIPINE	1 tablet per day

Required Documentation

Laboratory Results: MedWatch Form:

1	F
1	C

Progress Notes: Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL

Default Approval Period

1 year

SmartPA PDL Proposal Form

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References

- Drug Effectiveness Review Project Drug Class Review on Calcium Channel Blockers. Center for Evidence-Based Policy, Oregon Health & Science University; March 2005; Updated Evidence Scan October 2013.
- Evidence-Based Medicine and Fiscal Analysis: "Calcium Channel Blocker Agents (Dihydropyridines) – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; July 2020.
- 3. Evidence-Based Medicine Analysis: "Calcium Channel Blockers", UMKC-DIC; Jul 2020.
- 4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
- 5. USPDI, Micromedex; 2020.
- 6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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