

SmartPA Criteria Proposal

Drug/Drug Class:	Calcium Channel Blockers (Non-Dihydropyridine) PDL Edit
First Implementation Date:	September 1, 2004
Proposed Date:	September 17, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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 non-dihydropyridines (diltiazem and verapamil). Dihydropyridines (DHPs) have greater selectivity for vascular smooth muscle with little direct effect on the myocardium; non-dihydropyridines (non-DHPs) have less selective vasodilator activity and have a direct effect on the myocardium.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> • Cartia XT® • Dilt XR • Diltiazem CD • Diltiazem ER Caps • Diltiazem HCl • Diltiazem XR • Taztia XT® • Verapamil HCl • Verapamil ER Caps/Tabs • Verapamil SR 	<ul style="list-style-type: none"> • Calan® • Calan SR® • Cardizem • Cardizem CD® • Cardizem LA® • Diltiazem LA Tabs • Matzim LA® • Tiadyt® ER • Tiazac® • Verapamil ER PM • Verelan® • Verelan PM®

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

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

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents:
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

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

Default Approval Period

1 year

References

1. 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.
2. Evidence-Based Medicine and Fiscal Analysis: "Calcium Channel Blocker Agents (Non-dihydropyridines) – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; July 2020.
3. Evidence-Based Medicine Analysis: "Calcium Channel Blockers", UMKC-DIC; July 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.

SmartPA PDL Proposal Form

© 2020 Conduent Business Services, LLC. All rights reserved. Conduent™ and Conduent Design™ are trademarks of Conduent Business Services, LLC in the United States and/or other countries.

Other company trademarks are also acknowledged.