Executive Summary

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

Why Issue Selected: Angiotensin-converting-enzyme-inhibitors (ACEIs) block the activation of the renin-aldosterone, which is a mediator of blood pressure. In addition to their effects on blood pressure, ACEIs are also thought to have beneficial ventricular effects following myocardial infarction (MI), in patients with heart failure, and in preventing the progression of diabetic nephropathy. Professional associations, such as the American Heart Association, and the American Diabetes Association, as well as cardiology specialists, recommend ACEIs as the standard of care for patients with recent MI, in patients at high risk for cardiovascular events, and in patients with diabetic nephropathy. ACEIs have been shown to be efficacious when used alone or in combination with diuretics or calcium channel blockers.

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

Setting & Population

- Drug class for review: ACE Inhibitor/Calcium Channel Blocker Combinations
- Age range: All appropriate MO HealthNet participants

Program-Specific Information:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amlodipine/Benazepril</td>
<td>Lotrel®</td>
</tr>
<tr>
<td></td>
<td>Tarka®</td>
</tr>
<tr>
<td></td>
<td>Trandolapril/Verapamil ER</td>
</tr>
</tbody>
</table>

Type of Criteria:

- ☑ Increased risk of ADE
- ☑ Preferred Drug List
- ☑ Appropriate Indications
- ☐ Clinical Edit

Data Sources:

- ☑ Only Administrative Databases
- ☐ Databases + Prescriber-Supplied
Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agent:
  - 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
- Claim exceeds maximum dosing limitation for the following:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOTREL 2.5 MG/10 MG</td>
<td>AMLODIPINE/BENAZEPRIL</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>LOTREL 5 MG/10 MG</td>
<td>AMLODIPINE/BENAZEPRIL</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>LOTREL 5 MG/20 MG</td>
<td>AMLODIPINE/BENAZEPRIL</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>LOTREL 5 MG/40 MG</td>
<td>AMLODIPINE/BENAZEPRIL</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>LOTREL 10 MG/20 MG</td>
<td>AMLODIPINE/BENAZEPRIL</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>LOTREL 10 MG/40 MG</td>
<td>AMLODIPINE/BENAZEPRIL</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>TARKA 1 MG/240 MG</td>
<td>TRANSDOLAPRIL/VERAPAMIL</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>TARKA 2 MG/180 MG</td>
<td>TRANSDOLAPRIL/VERAPAMIL</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>TARKA 2 MG/240 MG</td>
<td>TRANSDOLAPRIL/VERAPAMIL</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>TARKA 4 MG/240 MG</td>
<td>TRANSDOLAPRIL/VERAPAMIL</td>
<td>1 tablet per day</td>
</tr>
</tbody>
</table>

Required Documentation

- Laboratory Results: 
- Progress Notes: 
- MedWatch Form: 
- Other: 

Disposition of Edit

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

Default Approval Period

1 year

References

2. Evidence-Based Medicine Analysis: “Angiotensin Converting Enzyme Inhibitor (ACEI)/Calcium Channel Blockers (CCBs)”, UMKC-DIC; June 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.