SmartPA Criteria Proposal

Drug/Drug Class: Beta Adrenergic Blockers and Beta Adrenergic Blockers/Diuretic Combinations PDL Edit

First Implementation Date: July 19, 2004

Revised Date: January 6, 2022

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 was this Issue Selected: Beta-adrenergic blockers inhibit the chronotropic, inotropic and vasodilator responses to adrenaline by blocking $\beta_1$ and $\beta_2$ receptor sites throughout the body. Several characteristics of beta-blockers may be related to their clinical effectiveness. Beta blockers can be classified by cardioselectivity and intrinsic sympathomimetic activity (ISA). Cardioselective beta-blockers preferentially inhibit only $\beta_1$ receptors that are principally found in the myocardium. Non-cardioselective beta blockers inhibit both $\beta_1$ and $\beta_2$ receptor sites.

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

Program-specific information:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acebutolol</td>
<td>• Betapace®</td>
</tr>
<tr>
<td>• Atenolol</td>
<td>• Betapace AF®</td>
</tr>
<tr>
<td>• Atenolol/Chlorthalidone</td>
<td>• Betaxolol</td>
</tr>
<tr>
<td>• Bisoprolol</td>
<td>• Bystolic®</td>
</tr>
<tr>
<td>• Bisoprolol/HCTZ</td>
<td>• Carvedilol ER</td>
</tr>
<tr>
<td>• Carvedilol</td>
<td>• Coreg®</td>
</tr>
<tr>
<td>• Labetalol</td>
<td>• Coreg CR®</td>
</tr>
<tr>
<td>• Metoprolol Succinate</td>
<td>• Corgard®</td>
</tr>
<tr>
<td>• Metoprolol Tartrate</td>
<td>• Inderal LA®</td>
</tr>
<tr>
<td>• Metoprolol/HCTZ</td>
<td>• Inderal XL®</td>
</tr>
<tr>
<td>• Nadolol</td>
<td>• InnoPran XL®</td>
</tr>
<tr>
<td>• Propranolol Soln/Tabs</td>
<td>• Kapspargo® Sprinkle Caps</td>
</tr>
<tr>
<td>• Propranolol/HCTZ</td>
<td>• Lopressor®</td>
</tr>
<tr>
<td>• Sorine®</td>
<td>• Lopressor HCT®</td>
</tr>
<tr>
<td>• Sotalol</td>
<td>• Nadolol/HCT®</td>
</tr>
<tr>
<td>• Sotalol AF</td>
<td>• Nebivolol</td>
</tr>
<tr>
<td></td>
<td>• Nebivolol/Bendroflumethiazide</td>
</tr>
<tr>
<td></td>
<td>• Nebivolol</td>
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<tr>
<td></td>
<td>• Pindolol</td>
</tr>
<tr>
<td></td>
<td>• Propranolol LA</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

Setting & Population

- Drug/drug class for review: Beta Adrenergic Blockers and Beta Adrenergic Blockers/Diuretic Combinations
- 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
- For Bystolic: Adequate therapeutic trial on one vasodilating alpha/beta-adrenergic blocking agent (labetalol or carvedilol)
- For Coreg CR:
  - Documented diagnosis of heart failure AND
  - Adequate therapeutic trial on carvedilol twice daily for 30 days
- For Hemangeol:
  - Participants aged 2 years and younger AND
  - Documented diagnosis of infantile hemangioma AND
  - Maximum treatment length of 6 months; clinical consultant review required to extended treatment
- For Sotylize and Kapspargo Sprinkle: 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

Required Documentation

Laboratory Results:  
MedWatch Form:  
Progress Notes:  
Other:

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List Edit)  
Rule Type: PDL
Default Approval Period

1 year

References

4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.