**Drug/Drug Class:** Calcium Channel Blockers, Non-Dihydropyridine PDL Edit  
**First Implementation Date:** September 1, 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 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.

<table>
<thead>
<tr>
<th>Program-Specific Information:</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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</thead>
<tbody>
<tr>
<td>Cartia XT®</td>
<td>Calan®</td>
<td></td>
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<tr>
<td>Dilt XR</td>
<td>Calan SR®</td>
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<tr>
<td>Diltiazem CD</td>
<td>Cardizem</td>
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<tr>
<td>Diltiazem ER Caps</td>
<td>Cardizem CD®</td>
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<tr>
<td>Diltiazem HCl</td>
<td>Cardizem LA®</td>
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<tr>
<td>Diltiazem XR</td>
<td>Diltiazem LA Tabs</td>
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<tr>
<td>Taztia XT®</td>
<td>Matzim LA®</td>
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<td>Verapamil HCl</td>
<td>Tiadyl® ER</td>
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<td>Verapamil ER Caps/Tabs</td>
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<td>Verapamil SR</td>
<td>Verapamil ER PM</td>
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<td>Verelan®</td>
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<td></td>
<td>Verelan PM®</td>
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</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 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:
- Progress Notes:
- MedWatch Form:
- Other:

Disposition of Edit

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

Default Approval Period

- 1 year

References

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