

Clinical Policy: Calcium Channel Blockers

Reference Number: PHW.PDL.045

Effective Date: 01/01/2020

Last Review Date: 11/2025

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Calcium Channel Blockers are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Calcium Channel Blockers

A. Prescriptions That Require Prior Authorization

Prescriptions for Calcium Channel Blockers that meet any of the following conditions must be prior authorized:

1. A non-preferred Calcium Channel Blocker.
2. A Calcium Channel Blocker with a prescribed quantity that exceeds the quantity limit.
3. A Calcium Channel Blocker when there is a record of a recent paid claim for another Calcium Channel Blocker (Therapeutic Duplication)

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Calcium Channel Blocker, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a non-preferred Calcium Channel Blocker, **one** of the following:
 - a. For a non-preferred Calcium Channel Blocker that contains only one active ingredient, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Calcium Channel Blockers;
 - b. For a non-preferred Calcium Channel Blocker combination product that contains more than one active ingredient (e.g., amlodipine-atorvastatin), has a clinical reason as documented by the prescriber why the individual active ingredients cannot be used concurrently;

AND
2. For therapeutic duplication, **one** of the following:
 - a. Is being titrated to, or tapered from, a drug in the same class

b. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines;

AND

3. If a prescription for a Calcium Channel Blocker is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of the request for a prescription for a Calcium Channel Blocker. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member.

D. Approval Duration: 12 months

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q1 2022 annual review: no changes.	11/2021
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025 annual review: no changes.	11/2024
Q1 2026: policy revised according to DHS revisions effective 01/05/2026.	11/2025