

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
CALCIUM CHANNEL BLOCKERS

Proposed Effective Date: January 5, 2026

Revisions are noted with a ~~strike through~~ for deletions and **bold and underline** for additions.

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. See the Preferred Drug List (PDL) for the list of preferred Calcium Channel Blockers at: <https://papdl.com/preferred-drug-list>.
2. A Calcium Channel Blocker with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html>.
3. A Calcium Channel Blocker when there is a record of a recent paid claim for another Calcium Channel Blocker in the point-of-sale on-line claims adjudication system (therapeutic duplication).

B. Revisions to 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 beneficiary:

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 drugs that is supported by

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peer-reviewed medical literature or national treatment guidelines;

AND

3. If a prescription for a Calcium Channel Blocker is for 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 the Quantity Limits Chapter.

NOTE: If the beneficiary 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 beneficiary, 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 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 beneficiary.