

Criteria for Use of Long-Acting Dihydropyridine Calcium Channel Blockers in the Treatment of Hypertension and/or Angina in VA Patients

VA Pharmacy Benefits Management Strategic Healthcare Group and Medical Advisory Panel

The following recommendations are provided for clinicians considering the use of a long-acting dihydropyridine (LA DHP) calcium channel blocker (CCB) for the treatment of hypertension (HTN) and/or angina. The recommendations are based on current medical evidence and expert opinion from clinicians. The content of the document is dynamic and will be revised as new clinical data becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. The clinician should utilize this guidance and interpret it in the clinical context of the individual patient. The manufacturer's labeling should be consulted for detailed information when prescribing a LA DHP CCB.

Recommendations for Patients with Hypertension (HTN)^{1,2}	#1
<ul style="list-style-type: none"> • Thiazide-type diuretics are the preferred agents for patients with uncomplicated HTN • Another class of agents [e.g., ACEI^a, beta-blocker, or long-acting CCB] may be considered in patients who have a contraindication to or are inadequately controlled on a thiazide-type diuretic OR in patients who have an indication for an agent in another antihypertensive class^b • If a LA DHP is considered appropriate, the preferred agents are extended-release felodipine or long-acting nifedipine • Short-acting nifedipine should NOT be used for the treatment of HTN <p style="text-align: center;">Criteria for LA DHP CCB:</p> <p>A LA DHP CCB [or nonDHP CCB (e.g., diltiazem, verapamil^b), ACEI^a, or beta-blocker] may be considered in a patient with HTN if:</p> <p><input type="checkbox"/> Inadequate control on a thiazide-type diuretic OR</p> <p><input type="checkbox"/> Contraindication or side effect to a thiazide-type diuretic OR</p> <p><input type="checkbox"/> Indication for a LA DHP CCB (see below)</p>	<p style="text-align: center;">Met Criteria?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p style="text-align: center;"><i>If yes, patient is eligible to receive a LA DHP</i></p>
Recommendations for Patients with Angina³	#2
<ul style="list-style-type: none"> • Patients with angina should be treated with a beta-blocker • A long-acting CCB may be an option when a beta-blocker alone or in combination with a long-acting nitrate are ineffective or contraindicated. A long-acting CCB may also be considered for additional blood pressure control, and in patients with variant angina. If a long-acting CCB is being considered for the treatment of angina, the nonDHP CCBs (e.g., diltiazem, verapamil) are preferred, unless the patient is already receiving therapy with a beta-blocker • If a LA DHP is considered appropriate, the preferred agents are extended-release felodipine or long-acting nifedipine <p style="text-align: center;">Criteria for LA DHP CCB:</p> <p>A LA DHP CCB (or long-acting nitrate) may be considered for the treatment of a patient with angina if:</p> <p><input type="checkbox"/> Inadequate control on a beta-blocker OR</p> <p><input type="checkbox"/> Contraindication or side effect to a beta-blocker</p>	<p style="text-align: center;">Met Criteria?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p style="text-align: center;"><i>If yes, patient is eligible to receive a LA DHP</i></p>
Recommendations for Treating HTN and/or Angina in Patients with Concomitant Heart Failure (HF)⁴⁻⁷	#3
<ul style="list-style-type: none"> • Patients with systolic HF and concomitant HTN should be maximized on therapy with agents such as diuretics, ACEIs, and beta-blockers; or beta-blockers and nitrates in patients with concomitant angina, before adding other agents • In patients not adequately controlled on the agents listed above, treatment with a LA DHP CCB (e.g., felodipine or amlodipine) may be considered based on data from V-HeFT III⁵ with felodipine and PRAISE^{6,7} with amlodipine. However, evidence for their safety and efficacy in the treatment of HTN and/or angina in patients with HF is lacking <p style="text-align: center;">Criteria for LA DHP CCB:</p> <p><input type="checkbox"/> Felodipine may be considered for the treatment of HTN and/or angina in patients being treated with standard therapy for milder HF [patients evaluated in V-HeFT III⁵ on felodipine included ~ 79% patients in NYHA class II HF, 22% in class III, with a mean ejection fraction (EF) 29%]^d</p> <p><input type="checkbox"/> Amlodipine may be considered for the treatment of HTN and/or angina in patients with advanced HF who are already receiving appropriate therapy for chronic HF (patients enrolled in PRAISE⁶ on amlodipine included ~ 81% in NYHA class III HF, 19% in class IV, with a mean EF 21%)^d</p>	<p style="text-align: center;">Met Criteria?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p style="text-align: center;"><i>If yes, patient is eligible to receive a LA DHP</i></p>

^a An ARB (or other antihypertensive drug class) may be considered as a treatment option if ACEI intolerant

^b Refer to JNC 7¹ and the VA/DoD HTN Clinical Practice Guideline² for additional discussion and recommendations

^c When a CCB is chosen, LA verapamil should be considered for patients with Stage I HTN (unless contraindicated) due to the lower price compared with a LA DHP CCB

^d Refer to PBM-MAP The Pharmacologic Management of Chronic Heart Failure⁴ for additional discussion

References:

¹ Chobanian AV, Bakris GL, Black HR, Cushman WC, Green LA, Izzo JL et al. for the National High Blood Pressure Education Program Coordinating Committee. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure: The JNC 7 Report. JAMA. 2003;289(19):2560-2572.

² Diagnosis and Management of Hypertension in the Primary Care Setting. Washington, DC: VA/DoD Evidence-Based Clinical Practice Guideline Working Group, Veterans Health Administration, Department of Veterans Affairs, and Health Affairs, Department of Defense, November 1999. Office of Quality and Performance publication 10Q-CPG/HTN-99. (Update 2004). Office of Quality and Performance publication 10Q-CPG/HTN-04. Available at http://www.oqp.med.va.gov/cpg/HTN04/htn_cpg/frameset.htm.

³ Gibbons RJ, Abrams J, Chatterjee K, et al. ACC/AHA 2002 guideline update for the management of patients with chronic stable angina: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for the Management of Patients with Chronic Stable Angina). 2002. Available at www.acc.org/clinical/guidelines/stable/stable.pdf.

⁴ The Pharmacologic Management of Chronic Heart Failure. Washington, DC: Pharmacy Benefits Management Strategic Healthcare Group and the Medical Advisory Panel, Veterans Health Administration, Department of Veterans Affairs. December 2002; Updated August 2003. PBM-MAP Publication No. 00-0015.

⁵ Cohn J, Zieske S, Smith R et al for the V-HeFT Study Group. Effect of the calcium antagonist felodipine as supplementary vasodilator therapy in patients with chronic heart failure treated with enalapril: V-HeFT III. Circulation 1997;96:856-63.

⁶ Packer M, O'Connor M, Ghali J et al for The Prospective Randomized Amlodipine Survival Evaluation Study Group. Effect of amlodipine on morbidity and mortality in severe chronic heart failure. N Engl J Med 1996;335:1107-14.

⁷ Jafary F. Late-breaking clinical trial results – Session III. PRAISE-2: Prospective Randomized Amlodipine Survival Evaluation. Presented by: Packer M. ACC Scientific Session 2000 <http://www.medscape.com/>

Approved by Physician: _____ Date/Time: _____