



Missouri Pharmacy Program – Preferred Drug List



Angiotensin Receptor Blockers & Diuretics

Effective 01/10/2013

Revised 01/08/2015

Preferred Agents

- Diovan HCT®
- Micardis HCT®
- Benicar HCT®
- Losartan HCTZ
- **Irbesartan HCTZ**

Non-Preferred Agents

- Teveten HCT®
- Atacand HCT®
- Hyzaar®
- Edarbyclor®
- Avalide®
- Valsartan HCTZ
- Candesartan HCTZ
- **Telmisartan HCTZ**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents 	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
Diagnosis of diabetic nephropathy with failure to achieve desired therapeutic outcomes only requires trial of 1 preferred agent (Losartan HCTZ).	Drug Prior Authorization Hotline: (800) 392-8030