



## Missouri Pharmacy Program – Preferred Drug List



### Angiotensin II Receptor Blockers & Diuretic Combinations

Effective 02/10/2005

Revised 01/06/2011

#### Preferred Agents

- Diovan HCT®
- Hyzaar®
- Micardis HCT®
- Benicar HCT®
- Avalide®

#### Non-Preferred Agents

- Teveten HCT®
- Atacand HCT®
- **Losartan HCTZ**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 4 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	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 (Hyzaar).	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030