



## Missouri Pharmacy Program – Preferred Drug List



### Calcium Channel Blockers/ARBS

*Effective 03/20/2008*

*Revised 07/03/2008*

#### Preferred Agents

- **Exforge®**

#### Non-Preferred Agents

- **Azor®**

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030