



Missouri Pharmacy Program – Preferred Drug List



Angiotensin II Receptor/Calcium Channel Blocker Combinations

Effective 01/10/2013

Revised 01/10/2019

Preferred Agents

- Amlodipine/Valsartan

Non-Preferred Agents

- Amlodipine/Olmesartan
- Amlodipine/Olmesartan/HCTZ
- Amlodipine/Telmisartan
- Amlodipine/Valsartan/HCTZ
- Azor®
- Exforge®
- Exforge® HCT
- Tribenzor®
- Twynsta®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial and failure on 1 Angiotensin Receptor Blocker (ARB) agent
- Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030