



Missouri Pharmacy Program – Preferred Drug List



Angiotensin Receptor Blockers

Effective 01/10/2013

Revised 01/10/2019

Preferred Agents

- Irbesartan
- Losartan
- Micardis®
- Valsartan

Non-Preferred Agents

- Atacand®
- Avapro®
- Benicar®
- Candesartan
- Cozaar®
- Diovan®
- Edarbi®
- Olmesartan®
- Eprosartan
- Telmisartan
- Teveten® (discontinued)

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents
- 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