



Missouri Pharmacy Program – Preferred Drug List



Angiotensin Receptor Blockers - Diuretic Combinations

Effective 01/10/2013

Revised 01/10/2019

Preferred Agents

- Irbesartan HCTZ
- Losartan HCTZ
- Micardis HCT®
- Valsartan HCTZ

Non-Preferred Agents

- Atacand HCT®
- Avalide®
- Benicar HCT®
- Candesartan HCTZ
- Diovan HCT®
- Edarbyclor®
- Hyzaar®
- Olmesartan HCTZ
- Telmisartan HCTZ
- Teveten HCT® (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