Calcium Channel Blockers (Dihydropyridines)

Effective 10/04/2012
Revised 01/09/2020

Preferred Agents
- Amlodipine
- Felodipine ER
- Nifedipine
- Nifedipine ER

Non-Preferred Agents
- Adalat CC®
- Afeditab CR®
- Isradipine
- Katerzia™
- Nicardipine HCl
- Nifedical XL
- Nimodipine
- Nisoldipine
- Nisoldipine ER
- Norvasc®
- Nymalize®
- Procardia XL®
- Procardia®
- Sular®

Approval Criteria
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents OR
  - Documented ADE/ADR to preferred agents

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