



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (Dihydropyridines)

Effective 10/04/2012

Revised 01/10/2019

Preferred Agents

- Amlodipine
- Felodipine ER
- Nifedipine
- Nifedipine ER

Non-Preferred Agents

- Adalat® CC
- Afeditab® CR
- Isradipine
- Nicardipine HCl
- Nimodipine
- Nisoldipine
- Nisoldipine ER
- Norvasc®
- Nymalize®
- Procardia®
- Procardia® XL
- Sular®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 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