



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (Non-Dihydropyridines)

Effective 10/04/2012

Revised 01/10/2019

Preferred Agents

- **Cartia XT®**
- Diltiazem CD
- Diltiazem ER
- Diltiazem HCl
- Diltiazem XR
- **Dilt-XR®**
- Verapamil
- Verapamil ER
- Verapamil SR

Non-Preferred Agents

- Calan®
- Calan SR®
- Cardizem®
- Cardizem CD®
- Cardizem LA®
- Diltiazem LA
- Matzim LA®
- Taztia XT®
- Tiazac®
- Veraoa
- Verapamil ER PM
- Verelan®
- Verelan PM®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on **2 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