

PROGRAM: ANGIOTENSIN RECEPTOR BLOCKERS

DESCRIPTION

In order to assure appropriate prescribing according to JNC-IV guidelines, ARBs are indicated for hypertension. Hypertension drug therapy should be initiated with a diuretic or beta blocker unless a concomitant disease state requires other therapy. ARBs have not been shown to be more effective than Angiotensin Converting Enzyme (ACE) inhibitors in patients with hypertension and should be reserved for patients who experience adverse reactions or have a contraindication to ACE inhibitors.

IMPACTED FORMULARY MEDICATIONS

Atacand Tablets: 4mg, 8mg, 16mg, 32mg

Atacand HCT Tablets: 16/12.5mg, 32/12.5mg, 32/25mg

Avalide Tablets: 150/12.5mg, 300/12.5mg, 300/25mg

Avapro Tablets: 75mg, 150mg, 300mg

Azor Tablets: 5/20mg, 5/40mg, 10/20mg, 10/40mg

Benicar Tablets: 5mg, 20mg, 40mg

Benicar HCT Tablets: 20/12.5mg, 40/12.5mg, 40/25mg

Cozaar Tablets: 25mg, 50mg, 100mg

Diovan Tablets: 40mg, 80mg, 160mg, 320mg

Diovan HCT Tablets: 80/12.5mg, 160/12.5mg, 160/25mg, 320/12.5, 320/25mg

Edarbi Tablets: 40mg, 80mg

Exforge Tablets: 5/160mg, 5/320mg, 10/160mg, 10/320mg

Exforge HCT Tablets: 5/160/12.5mg, 5/160/25mg, 10/160/12.5mg, 10/160/25mg,
10/320/25mg

Hyzaar Tablets: 50/12.5mg, 100/12.5mg, 100/25mg

Micardis Tablets: 20mg, 40mg, 80mg

Micardis HCT Tablets: 40/12.5mg, 80/12.5mg, 80/25mg

Teveten Tablets: 400mg, 600mg

Teveten HCT Tablets: 600/12.5mg, 600/25mg

Tribenzor Tablets: 20/5/12.5mg, 40/5/12.5mg, 40/5/25mg, 40/10/12.5mg, 40/10/25mg

Twynsta Tablets: 40/5mg, 40/10mg, 80/5mg, 80/10mg

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: Lifetime

APPROVAL CRITERIA

An Angiotensin Receptor Blocker may be deemed **MEDICALLY NECESSARY** if:

1. Beta blockers and/or diuretics are contraindicated or not medically appropriate due to concomitant disease states, drug interactions, or adverse events **AND**
2. Patient has failed a trial with an ACE Inhibitor or ACE Inhibitor combination product due to adverse events

LOOK BACK CRITERIA IN CLAIMS SYSTEM

365 days look back for the use of at least a 5 days supply of [one beta blocker or diuretic **AND** ACE Inhibitor] **OR** [one combination ACE Inhibitor product]. If found, approve; if no, reject for PA.