



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers/ARBS

Effective 03/20/2008

Revised 10/06/2011

Preferred Agents

- Exforge®
- Exforge® HCT

Non-Preferred Agents

- Azor®
- Twynsta®
- Tribenzor®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial and failure on 1 Angiotensin Receptor Blocker (ARB) agent	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030