



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (DHP)

Effective 08/18/2005

Revised 10/06/2011

Preferred Agents

- Nicardipine HCl
- Nifedipine IR
- Nifedipine SA
- Felodipine ER
- Amlodipine
- Isradipine
- Afeditab CR
- Nifediac CC
- Nifedical XL
- Nifedipine ER

Non-Preferred Agents

- Adalat CC
- Cardene SR
- Procardia XL
- Plendil
- Norvasc
- Nimodipine
- Caduet
- Sular (New Formulation)
- Dynacirc CR
- Nisoldipine

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030