



Missouri Pharmacy Program – Preferred Drug List



Calcium Channel Blockers (Non - DHP)

Effective 09/01/2004

Revised 10/06/2011

Preferred Agents

- Diltiazem HCl
- Verapamil HCl
- Verapamil ER
- Diltia XT®
- Diltiazem XR
- Diltiazem ER/LA
- Diltiazem CD
- Diltiazem SR
- Cartia XT
- Taztia XT
- Dilt-CD

Non-Preferred Agents

- Tiazac®
- Covera HS®
- Cardizem CD®
- Cardizem
- Dilacor XR®
- Cardizem LA®
- Verelan PM®
- Cardizem SR®
- Calan SR®
- Isoptin SR®
- Verapamil ER PM

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 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