

Market Applicability/Effective Date

Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Comments
Atacand (candesartan cilexetil)	N/A
Atacand HCT (candesartan cilexetil/hydrochlorothiazide)	N/A
Avalide (irbesartan/hydrochlorothiazide)	N/A
Avapro (irbesartan)	N/A
Benicar (olmesartan medoxomil)	N/A
Benicar HCT (olmesartan medoxomil/hydrochlorothiazide)	N/A
Cozaar (losartan potassium)	N/A
Diovan (valsartan)	N/A
Diovan HCT (valsartan/hydrochlorothiazide)	N/A
Edarbi (azilsartan)	N/A
Edarbyclor (azilsartan/chlorthalidone)	N/A
Exforge (amlodipine besylate/valsartan)	N/A
Hyzaar (losartan potassium/hydrochlorothiazide)	N/A
Micardis (telmisartan)	N/A
Micardis HCT (telmisartan/hydrochlorothiazide)	N/A
Teveten (eprosartan mesylate)	N/A
Teveten HCT (eprosartan mesylate/hydrochlorothiazide)	N/A

VERRIDE(S)

Prior Authorization

APPROVAL DURATION:

1 year

APPROVAL CRITERIA:

If an Angiotensin Receptor Blocker (ARB) is requested and the individual is continuing another ARB, then request will be reviewed on a case by case basis.

Requests for duplicate therapy may be approved if the following are met:

- A.** Provider must verify the intent for the patient to be on both of the drugs; **AND**
- B.** Diagnosis must be documented

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.