

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Angiotensin Receptor Blocker Combinations

#### Notes:

Criteria applies to the following non-formulary angiotensin receptor blocker combinations:

- Azilsartan-chlorthalidone
- Candesartan-hydrochlorothiazide
- Olmesartan-amlodipine
- Olmesartan-amlodipine-hydrochlorothiazide
- Telmisartan-amlodipine
- Telmisartan-hydrochlorothiazide
- Valsartan-amlodipine
- Valsartan-amlodipine-hydrochlorothiazide

**Initiation (new start)/current/new member criteria:** Non-formulary **angiotensin receptor blocker combinations** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of congestive heart failure, diabetes mellitus, post myocardial infarction, hypertension, proteinuria, or microalbuminuria on Problem List **-AND-**
- Documentation has been provided for the reason why the combination is clinically necessary and not for convenience **-AND-**
- History of failure or intolerance to losartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, and olmesartan-hydrochlorothiazide