blue of california

# NON-PREFERRED ANGIOTENSIN RECEPTOR BLOCKERS (ARBs)

**Applies To:**
candesartan (ATACAND)
candesartan cilexetil-hydrochlorothiazide (ATACAND HCT)
azilsartan (EDARBI)
azilsartan-chlorthalidone (EDARBYCLOR)
eprosartan 600mg
olmesartan-amlodipine-hydrochlorothiazide (TRIBENZOR)
telmisartan-amlodipine (TWYNSTA)
telmisartan-hydrochlorothiazide (MICARDIS HCT)

**Diagnoses Considered for Coverage:**

- Hypertension (HTN)
- Chronic Heart Failure (CHF)
- Diabetic Nephropathy
- Migraine prophylaxis – *candesartan only*

**Coverage Criteria:**

**For all diagnoses above:**

- Dose does not exceed FDA label maximum, **and**
- Meets step therapy requirement in table below:

| DRUG | STEP THERAPY |
|---|---|
| **candesartan** (Atacand)<br>**candesartan-HCTZ** (Atacand HCT)<br>**eprosartan 600 mg**<br>**telmisartan-amlodipine** (Twynsta)<br>**telmisartan-HCTZ** (Micardis HCT)<br>**olmesartan-amlodipine-HCTZ** (Tribenzor)<br>**Edarbi**<br>**Edarbyclor** | Inadequate response or intolerable side effect to **TWO** formulary ARBs including:<br>• irbesartan (Avapro)<br>• irbesartan-HCTZ (Avalide)<br>• losartan (Cozaar)<br>• losartan-HCTZ (Hyzaar)<br>• olmesartan-amlodipine (Azor)<br>• olmesartan (Benicar)<br>• olmesartan-HCTZ (Benicar HCT)<br>• telmisartan (Micardis)<br>• valsartan (Diovan)<br>• valsartan-HCTZ (Diovan HCT)<br>• valsartan-amlodipine (Exforge)<br>• valsartan-amlodipine-hctz (Exforge HCT) |

**Coverage Duration:** one year

Effective Date: 1/3/2024