

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan Angiotensin Receptor Blockers

Atacand®, Avapro®, Benicar®, Cozaar®,
Diovan™, Micardis®, and Tevetan®

Atacand HCT®, Avalide®, Benicar HCT®, Hyzaar®,
Diovan HCT™, Micardis HCT®, and Tevetan HCT®

Step Therapy Guidelines

DESCRIPTION: Angiotensin Receptor Blockers are selective and competitive non-peptide angiotensin II receptor antagonists. They block the vasoconstrictor and aldosterone secreting effects of angiotensin II.

INDICATION(S): Treatment of hypertension
Treatment of diabetic nephropathy in patients with type 2 diabetes mellitus
Treatment of heart failure (NYHA II-IV)

REASONS FOR Step Therapy: Cost Potential for misuse Toxicity

CRITERIA for APPROVAL: The patient has had a 30-day trial of ACE Inhibitor: ACCUPRIL, ACCURETIC, ACEON, ALTACE, BENAZEPRIL, BENAZEPRIL-HCTZ, CAPOTEN, CAPTOPRIL, CAPTOPRIL/HCTZ, ENALAPRIL, ENALAPRIL/HCTZ, FOSINOPRIL, FOSINOPRIL-HCTZ, LISINOPRIL, LISINOPRIL-HCTZ, LOTENSIN, LOTENSIN HCT, MAVIK, MOEXIPRIL, MONOPRIL, MONOPRIL HCT, PRINIVIL, PRINZIDE, QUINAPRIL, QUINAPRIL-HCTZ, QUINARETIC, UNIRETIC, UNIVASC, VASERETIC, VASOTEC, ZESTORETIC, ZESTRIL;
The patient must failed a 30 day trial of both Preferred Brand Name agents before the Non-preferred agents.

REASONS for DENIAL of BENEFIT:

1. Patient has bilateral renal artery stenosis
2. Patient is pregnant (2nd or 3rd trimester)
3. Patient does not meet above criteria.

BENEFIT APPROVAL: Approval for two years.

References:

1. Olin BR, ed. Drug Facts and Comparisons. Facts and Comparisons. St. Louis, 2006.
2. Lacy CF, Armstrong LL, et al. Lexi-Comp's Drug Information Handbook, 15th Ed. Hudson, OH 2007