

1 Hypertension: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication	Clinical Points <i>*Reinforce at each visit: optimize weight management, healthy diet, reduce dietary sodium, increase potassium intake, physical activity, limit alcohol intake, smoking cessation</i>
1	1	1	\$0	Thiazide Diuretics (1 st line)	Chlorthalidone 12.5mg - 25mg daily, max 100mg Hemiclor (brand 12.5mg tablet)	1.) Chlorthalidone and Indapamide are long acting 2.) Increases the risk of hypokalemia 3.) Adding ACE or ARB may have additive BP lowering effects
1	1	1	\$0		Hydrochlorothiazide 12.5mg – 25mg daily, max 50mg	
1	1	1	\$0		Indapamide 1.25mg – 2.5mg daily, max 5mg	
1	1	1	\$0	ACE Inhibitors (1 st line)	Benazepril 5-10mg daily, max 40mg	1.) Preferred for CKD stage 3, or stage 1 or 2 with albuminuria 2.) Do not use ACE in combination with ARB or Renin Inhibitors (increases CV and renal risks) 3.) Do not use in hx of angioedema 4.) Avoid use in pregnancy 5.) Increased risk of hyperkalemia, monitor K+ intake 6.) Asian Americans may have higher incidence of cough
1	1	1	1		Captopril 12.5mg – 25mg TID, max 450mg	
1	1	1	\$0		Enalapril 5mg – 40mg daily or BID, max 40mg	
1	1	1	\$0		Fosinopril 10mg – 40mg daily, max 80mg	
1	1	1	\$0		Lisinopril 5mg – 40mg daily, max 40mg	
1	1		1		Moexipril 3.75mg – 7.5mg daily, max 30mg	
2	1		1		Perindopril 4mg – 16mg daily, max 16mg	
1	1		\$0		Quinapril 10mg – 20mg daily, max 80mg	
1	1	1	\$0		Ramipril 2.5mg -10mg daily, max 20mg	
1	1	1	1		Trandolapril 1mg- 4mg daily, max 4mg	
				ARBs (1 st line)	Azilsartan (EDARBI) 40mg – 80mg daily, max 80mg	1.) Do not use in combination with ACE-I or Renin Inhibitors (increases CV and renal risks) 2.) Avoid use in pregnancy 3.) Increases risks of hyperkalemia, monitor K+ intake 4.) Patients with history of ACE angioedema may try ARB after six-week washout
1	1	3	1		Candesartan 8mg – 32mg daily, max 32mg	
	1				Eprosartan 600mg – 800mg daily, max 800mg	
1	1	1	\$0		Irbesartan 75mg - 300mg daily, max 300mg	
1	1	1	\$0		Losartan 25mg - 100mg daily or BID, max 100mg	
1	1	2	\$0		Olmesartan 20mg – 40mg daily, max 40mg	
2	1	2	1		Telmisartan 20mg – 40mg daily, max 80mg	
1	1	2	\$0		Valsartan 80mg – 160mg daily, max 320mg	
1	1	1	\$0	Calcium Channel Blockers -dihydro-pyridines (1 st line)	Amlodipine 2.5mg – 5mg daily, max 10mg	1.) Increases risks of peripheral edema
1	1	1	\$0		Felodipine ER 2.5mg – 5mg daily, max 10mg	
	1		1		Isradipine 2.5mg – 5mg BID, max 10mg	
	1		3		Nicardipine 20mg – 40mg TID	
3	1	1	\$0		Nifedipine ER 30mg – 60mg daily, max 90mg	
	3		1		Nisoldipine ER 20mg – 40mg daily, max 60mg	
	1		1		Sular Generic: 17mg – 34mg daily, max 34mg	

2 Hypertension: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication	Clinical Points <i>*Reinforce at each visit: optimize weight management, healthy diet, reduce dietary sodium, increase potassium intake, physical activity, limit alcohol intake, smoking cessation</i>
2	1	1	1	Calcium Channel Blockers – nondihydropyridines	Diltiazem 12hr 60mg-120mg, max 360mg	1. Avoid use in heart failure (HFrEF) 2. Avoid routine use in combination with Beta Blockers due to increased risk of bradycardia 3. Drug interactions – CYP3A4 substrate and inhibitor 4. Elderly may have an increased hypotensive response and increased constipation
2	1	1-cap or dilt-xr 2- tabs	1		Diltiazem 24hr 120mg daily, max 420mg/day	
1	1	1	\$0		Verapamil 40-120mg TID, max 480mg	
2	1	1	\$0		Verapamil 12hr 120mg-240mg BID, max 480mg	
3	1 3- Vere- lan PM	1- (Vere- lan gener- ics) 3- (Vere- lan PM generics)	\$0 or 1 (Vere- lan PM gener- ics)		Verapamil 24hr 100mg-360mg, max 480mg	
2	1	1	\$0	Loop Diuretics	Bumetanide 0.5mg-1mg BID	1. Monitor electrolyte and renal function, potassium supplementation may be necessary 2. Risk of dehydration 3. Preferred agent if symptomatic HF or moderate-severe CKD
1	1	1	\$0		Furosemide 20mg-40mg BID	
2	1	1	\$0		Torsemide 5mg-10mg daily	
3 2	1 3	1	1 \$0	Potas- sium Sparing Diuretics	Amiloride 5mg daily or BID, max 20mg	1. Avoid the use of Triamterene in CKD 2. Increased risk of hyperkalemia in elderly 3. May add to thiazide diuretics in pts with hypokalemia
1	1	1	\$0		Amiloride/HCTZ 5-50mg daily, max 10-100mg Triamterene/HCTZ 37.5-25mg daily, max 75-50mg	
	1	2	1	Aldosterone Antagonists	Eplerenone 25mg-50mg daily or BID, max 100mg	1. Preferred for primary aldosteronism and resistant hypertension 2. Risk of hyperkalemia, may add to thiazides Avoid use in mod-severe CKD 3. Spironolactone increases the risk of gynecomastia & impotence
1	1	1	\$0		Spironolactone 25mg daily or BID, max 100mg	
2	1	1	\$0		Spironolactone/HCTZ 25mg-25mg daily, max 100mg-100mg	
1	1	1	\$0	Beta Blockers	Acebutolol 200mg-400mg daily, max 1,200mg	1. Beta Blockers are not recommended as first line unless HF or ischemic disease is present 2. Carvedilol, Metoprolol Succinate, & Bisoprolol use is preferred for HFrEF 3. Long term NSAID drug use can reduce the hypotensive effects 4. May mask symptoms of hypoglycemia
1	1	1	\$0		Atenolol 50mg daily, max 100mg	
	1		\$0		Betaxolol 5mg-10mg daily, max 20mg	
2	1	1	\$0		Bisoprolol 2.5mg-5mg daily, max 20mg	
1	1	1	\$0		Carvedilol 6.25mg BID, max 50mg	
	1 (PA)		3		Carvedilol ER 20mg daily, max 80mg	
2	1 3- 400mg	1	\$0		Labetalol 100mg BID, max 2,400mg	

3 Hypertension: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication	Clinical Points <i>*Reinforce at each visit: optimize weight management, healthy diet, reduce dietary sodium, increase potassium intake, physical activity, limit alcohol intake, smoking cessation</i>
1	1	1- exclude 75mg	\$0		Metoprolol tart 50mg BID, max 400mg	5. Taper dosing slowly when discontinuing
1	1	1-25mg 2-others	\$0		Metoprolol succ ER 25mg daily, max 400mg	
3	1	1	\$0		Nadolol 40mg daily, max 320mg	
3	1	3	\$0		Nebivolol 5mg daily, max 40mg	
	1		\$0		Pindolol 5mg BID, max 60mg	
2	1	1	\$0		Propranolol 40mg BID, max 640mg	
3	1	2	\$0		Propranolol ER 80mg daily, max 640mg	
4	1	3	3	Direct Renin Inhibitor	Aliskiren 150mg daily, max 300mg	1. Do not use in combination with ACE-I or ARBs 2. Increased risks of hyperkalemia 3. Avoid use in pregnancy 4. Avoid administration with grapefruit juice
	3				Aliskiren/HCTZ (TEKTURNA HCT) 150mg-12.5mg daily, max 300mg-25mg	
2	1	1	\$0	Alpha Blockers	Doxazosin 1mg daily, max 8mg	1. Risk of orthostatic hypotension in elderly (Beers Criteria 2023) 2. May use as second line with BPH
2	1	1	\$0		Prazosin 1mg BID or TID, max 40mg	
1	1	1	\$0		Terazosin 1mg daily, max 20mg	
2	1	1	\$0	Direct-acting Vasodilators	Hydralazine 10mg-25mg TID or QID, max 200mg	1. Consider using with a Beta Blocker or diuretic due to sodium and water retention, & reflex tachycardia 2. Hydralazine has risk of drug induced lupus like syndrome with doses >200mg/day 3. <i>Minoxidil can be added after maximum doses of a diuretic and two other antihypertensives have been used (US Boxed Warning)</i>
2	1	1	\$0		Minoxidil 2.5mg daily or BID, max 100mg	
1	1	1	\$0	Centrally Acting alpha agonists	Clonidine 0.1mg BID, max 2.4mg	1. CNS adverse effects like sedation, also bradycardia and orthostatic hypotension 2. Abrupt discontinuation of clonidine may induce hypertensive crisis, taper slowly 3. Central alpha agonists are not recommended as routine treatment in elderly (Beers Criteria 2023)
4	1	3	\$0		Clonidine patch 0.1mg -0.3mg weekly	
2	1	1	\$0		Guanfacine 0.5mg-2mg daily, max 2mg	
2	1 – 250mg		\$0		Methyldopa 250mg BID or TID, max 3,000mg	

4 Hypertension: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication	Clinical Points <i>*Reinforce at each visit: optimize weight management, healthy diet, reduce dietary sodium, increase potassium intake, physical activity, limit alcohol intake, smoking cessation</i>
				Endothelin Receptor Antagonists	Aprocitentan (Tryvio) 12.5mg daily	1.AEs – peripheral edema, fluid retention, liver toxicity 2. Indicated for add-on therapy when other medication classes have not controlled BP 3. Avoid use in pregnancy, risk of embryo-fetal toxicity 4. Avoid use in eGFR < 15ml/min 5. Avoid use in HF class III to IV, unstable cardiac function, or BNP ≥ 500 pg/ml

- References:

- 1.) 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults <https://www.ahajournals.org/doi/pdf/10.1161/HYP.0000000000000065>
- 2.) 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. <https://doi.org/10.1161/HYP.0000000000000249>
- 3.) Humana Gold Plus H1951-048 (HMO) Formulary; online [PDF file], accessed 12/30/25 [Prescription Drug guide - Humana Gold Plus \(HMO\)<p>Humana Community \(HMO\)<p>Humana Gold Plus \(HMO-POS\)<p>Humana Gold Plus Giveback \(HMO-POS\)<p>Humana Gold Plus Giveback \(HMO\)<p>Humana Select Partner Plan \(HMO\)<p>Humana LCMC Advantage \(HMO\)<p>Humana FMOL Baton Rouge \(HMO\)<p>Humana Total Complete \(HMO\)<p>Humana Cleveland Clinic Preferred \(HMO-POS\)](#)
- 4.) Capital Rx Online Formulary; accessed 12/30/25 [RxFlex Formulary Drug Search for Plan - LIBERTY FOR WEB](#)
- 5.) United Healthcare Prescription Drug List; online [PDF file], accessed 12/29/25, <https://www.uhcprovider.com/content/dam/provider/docs/public/re-sources/pharmacy/commercial-pdl-jan-2025.pdf>
- 6.) BCBS 2026 Closed Tier 4 Formulary, online file, accessed 12/29/25. [2026 Closed 4 Tier HCR](#)

Confidential - Intended for HLN providers