

1 Hypertension: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication	Clinical Points
2	1	1	1	Thiazide Diuretics (1 st line)	Chlorthalidone 12.5mg - 25mg daily, max 100mg	1.) Chlorthalidone and Indapamide are long acting 2.) Increased risk of hypokalemia 3.) Adding ACE or ARB may have additive BP lowering effects
1	1	1	1		Hydrochlorothiazide 12.5mg – 25mg daily, max 50mg	
1	1		1		Indapamide 1.25mg – 2.5mg daily, max 5mg	
1	1	1	1	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 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 6.) Asian Americans may have higher incidence of cough
3	1	1	1		Captopril 12.5mg – 25mg TID, max 450mg	
1	1	1	1		Enalapril 5mg – 40mg daily or BID, max 40mg	
1	1	1	1		Fosinopril 10mg – 40mg daily, max 80mg	
1	1	1	1		Lisinopril 5mg – 40mg daily, max 40mg	
2	1	1	1		Moexipril 3.75mg – 7.5mg daily, max 30mg	
2	1	2	1		Perindopril 4mg – 16mg daily, max 16mg	
1	1	1	1		Quinapril 10mg – 20mg daily, max 80mg	
1	1	1	1		Ramipril 2.5mg -10mg daily, max 20mg	
1	1	1	1		Trandolapril 1mg- 4mg daily, max 4mg	
	2	3		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 4.) Patients with history of ACE angioedema may try ARB after six-week washout
3	1	3	1		Candesartan 8mg – 32mg daily, max 32mg	
	1	3			Eprosartan 600mg – 800mg daily, max 800mg	
1	1	1	1		Irbesartan 75mg - 300mg daily, max 300mg	
1	1	1	1		Losartan 25mg - 100mg daily or BID, max 100mg	
2	1	2	1		Olmesartan 20mg – 40mg daily, max 40mg	
2	1	2	1		Telmisartan 20mg – 40mg daily, max 80mg	
1	1	2	1		Valsartan 80mg – 160mg daily, max 320mg	
1	1	1	1	Calcium Channel Blockers -dihydropyridines (1 st line)	Amlodipine 2.5mg – 5mg daily, max 10mg	1.) Increases risks of peripheral edema 2.) Consider the use in Americans with African ancestry (without HF or CKD) over ACE / ARB for 1 st line
2	1	1	1		Felodipine ER 2.5mg – 5mg daily, max 10mg	
4	1	1	1		Isradipine 2.5mg – 5mg BID, max 10mg	
	1	1	1		Nicardipine 20mg – 40mg TID	
3	1	1	1		Nifedipine ER 30mg – 60mg daily, max 90mg	
4	1	2	1		Nisoldipine ER 20mg – 40mg daily, max 60mg	
4	1	2	1		Sular Generic: 17mg – 34mg daily, max 34mg	

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2	1	2	1		Diltiazem 24hr 120mg daily, max 420mg/day	Avoid use in combination with Beta Blockers
1	1	1	1		Verapamil 40-120mg TID, max 480mg	Drug interactions – CYP3A4 substrate and inhibitor
3	1	1	1		Verapamil 12hr 120mg-240mg BID, max 480mg	Elderly may have an increased hypotensive response and increased constipation
2- (ER 120mg,180mg, 240mg)	1	1- (Verelan generics)	1		Verapamil 24hr 100mg-360mg, max 480mg	
2	1	1	1	Loop Diuretics	Bumetanide 0.5mg-1mg BID	Monitor electrolyte and renal function, potassium supplementation may be necessary
1	1	1	1		Furosemide 20mg-40mg BID	Risk of dehydration
2	1	1	1		Torsemide 5mg-10mg daily	Preferred agent if symptomatic HF or mod-severe CKD
3	1	1	1	Potassium Sparing Diuretics	Amiloride 5mg daily or BID, max 20mg	Avoid the use of Triamterene in CKD
1	1	1	1		Triamterene/HCTZ 37.5-25mg daily, max 75-50mg	Increased risk of hyperkalemia in elderly May add to thiazide diuretics in pts with hypokalemia
4	1	2	1	Aldosterone Antagonists	Eplerenone 25mg-50mg daily or BID, max 100mg	Preferred for primary aldosteronism and resistant hypertension
1	1	1	1		Spironolactone 25mg daily or BID, max 100mg	Risk of hyperkalemia, may add to thiazides
2	1	1	1		Spironolactone/HCTZ 25mg-25mg daily, max 100mg-100mg	Avoid use in mod-severe CKD Spironolactone increases the risk of gynecomastia & impotence
2	1	1	1	Beta Blockers	Acebutolol 200mg-400mg daily, max 1,200mg	Beta Blockers are not recommended as first line unless HF or ischemic disease is present Carvedilol, Metoprolol Succinate, & Bisoprolol use is preferred for HFrEF Long term NSAID drug use can reduce the hypotensive effects May mask symptoms of hypoglycemia Taper dosing slowly when discontinuing
1	1	1	1		Atenolol 50mg daily, max 100mg	
	1		1		Betaxolol 5mg-10mg daily, max 20mg	
2	1	1	1		Bisoprolol 2.5mg-5mg daily, max 20mg	
1	1	1	1		Carvedilol 6.25mg BID, max 50mg	
4	1		3		Carvedilol ER 20mg daily, max 80mg	
2	1	1	1		Labetalol 100mg BID, max 2,400mg	
1	1	1- exclude 75mg	1		Metoprolol tart 50mg BID, max 400mg	
1	1	1- 25mg	1		Metoprolol succ ER 25mg daily, max 400mg	
3	1	1	1		Nadolol 40mg daily, max 320mg	

3 Hypertension: Health Leaders Network Medication Resource

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3	2		3(ST)		Nebivolol (BYSTOLIC) 5mg daily, max 40mg	
3	1	1	1		Pindolol 5mg BID, max 60mg	
2	1	1	1		Propranolol 40mg BID, max 640mg	
4	1	2	1		Propranolol ER 80mg daily, max 640mg	
4	1	3	3	Direct Renin Inhibitor	Aliskiren 150mg daily, max 300mg	Do not use in combination with ACE-I or ARBs Increased risks of hyperkalemia
3	2	3	3(ST)		Aliskiren/HCTZ (TEKTURNA HCT) 150mg-12.5mg daily, max 300mg-25mg	Avoid use in pregnancy Avoid administration with grapefruit juice
2	1	1	1	Alpha Blockers	Doxazosin 1mg daily, max 8mg	Risk of orthostatic hypotension in elderly (Beers Criteria 2019) May use as second line with BPH
2	1	1	1		Prazosin 1mg BID or TID, max 40mg	
1	1	1	1		Terazosin 1mg daily, max 20mg	
2	1	1	1	Direct Vasodilators	Hydralazine 10mg-25mg TID or QID, max 200mg	Consider using with Beta Blocker or diuretic due to sodium and water retention, & reflex tachycardia Hydralazine has risk of drug induced lupus like syndrome with doses >200mg/day <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	1		Minoxidil 2.5mg daily or BID, max 100mg	
1	1	1	1	Centrally Acting drugs	Clonidine 0.1mg BID, max 2.4mg	CNS adverse effects, bradycardia, orthostatic hypotension Abrupt discontinuation of clonidine may induce hypertensive crisis, taper slowly Avoid methyldopa in elderly (Beers Criteria 2019)
4	1	3	1		Clonidine patch 0.1mg -0.3mg weekly	
2	1	1	1		Guanfacine 0.5mg-2mg daily, max 2mg	
2-250mg 3- 500mg	1		1		Methyldopa 250mg BID or TID, max 3,000mg	

- 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>
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4 Hypertension: Health Leaders Network Medication Resource

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- 4.) BCBS 2021 4-Tier covered drugs, online [PDF file], accessed Dec 2020. https://www.bcbsla.com/-/media/Files/Find-a-Doctor/2021_4TierCoveredDrugs-pdf.pdf?la=en
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