# Pharmacy Drug Policy & Procedure

| Policy Name: | ARB (angiotensin II receptor blocker) Generic First Step-Edit | Policy #: | 1936P |
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## Purpose of the Policy

The purpose of this policy is to define step edit criteria for the coverage of branded angiotension II receptor blockers (ARBs), Edarbi and Edarbyclor.

## Statement of the Policy

Branded ARBs AND branded combination agents including an ARB will be covered if the following criteria for coverage have been met.

## Criteria

**1. Step Edit Criteria for Branded ARBs**

1.1    If you have a previous paid claim at the pharmacy for a generic ARB (candesartan, irbesartan, losartan, telmisartan, valsartan), we will cover Edarbi or Edarbyclor, OR

1.2    Provider can submit documentation of trial and failure of or intolerance to a generic ARB if claims information is not available

**2. Approval Period**

2.1    12 months

## CPT Codes

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## HCPCS Codes

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## References

1. Bakris G, Sica D, Weber M, et al. Results of a novel angiotensin receptor blocker, azilsartan medoxomil, in patients with primary hypertension. [abstract]. J Hypertens. 2010;28(suppl A):E429.
2. Bakris GL, Sica D, Weber M, et al. The comparative effects of azilsartan medoxomil and olmesartan on ambulatory and clinic blood pressure. J Clin Hypertens (Greenwich). 2011;13(2):81-88.
3. Kurtz TW, Klein U. Next generation multifunctional angiotensin receptor blockers. Hypertens Res. 2009;32(10):826-834.
4. Singh P, Fung WF, Song JC. Azilsartan: A next generation angiotensin II receptor blocker for the treatment of hypertension. Formulary. 2010;45(11):342-349.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.