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# Angiotensin Receptor Blockers

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## Related Coverage Resources

### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

## Overview

This policy supports medical necessity review for the following Angiotensin Receptor Blocker products:

- **Atacand**<sup>®</sup> (candesartan)
- **Atacand**<sup>®</sup> HCT (candesartan/hydrochlorothiazide)
- **Avalide**<sup>®</sup> (irbesartan/hydrochlorothiazide)
- **Avapro**<sup>®</sup> (irbesartan)
- **Azor**<sup>®</sup> (amlodipine/olmesartan)
- **Benicar**<sup>®</sup> (olmesartan)
- **Benicar HCT**<sup>®</sup> (olmesartan/hydrochlorothiazide)
- **Cozaar**<sup>®</sup> (losartan)
- **Diovan**<sup>®</sup> (valsartan)
- **Diovan HCT**<sup>®</sup> (valsartan/hydrochlorothiazide)
- **Edarbi**<sup>®</sup> (azilsartan)
- **Edarbyclor**<sup>®</sup> (azilsartan/chlorthalidone)
- **Exforge**<sup>®</sup> (amlodipine/valsartan)
- **Exforge HCT**<sup>®</sup> (amlodipine/hydrochlorothiazide/ valsartan)
- **Hyzaar**<sup>®</sup> (losartan/ hydrochlorothiazide)

- **Micardis®** (telmisartan)
- **Micardis® HCT** (telmisartan/hydrochlorothiazide)
- **Tribenzor®** (amlodipine/hydrochlorothiazide/olmesartan)
- **valsartan** 4 mg/mL oral solution

Receipt of sample product does not satisfy any criteria requirements for coverage.

## Medical Necessity Criteria

Coverage varies across plans and requires the use of preferred products. Refer to the customer's benefit plan document for coverage details.

The products in the table below are considered medically necessary when the following are met:

### Employer Group Non-Covered Products and Preferred Covered Alternatives:

Non-Covered Product	Criteria
<b>Atacand</b> (candesartan)	There is documentation of <b>BOTH</b> of the following (A and B): <ol style="list-style-type: none"> <li>A. The individual has tried <b>candesartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>BOTH</b> of the following:               <ol style="list-style-type: none"> <li>i. losartan</li> <li>ii. valsartan</li> </ol> </li> </ol>
<b>Atacand HCT</b> (candesartan/ hydrochlorothiazide)	There is documentation of <b>BOTH</b> of the following (A and B): <ol style="list-style-type: none"> <li>A. The individual has tried <b>candesartan/hydrochlorothiazide</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following:               <ol style="list-style-type: none"> <li>i. irbesartan/hydrochlorothiazide</li> <li>ii. losartan/hydrochlorothiazide</li> <li>iii. olmesartan/hydrochlorothiazide</li> <li>iv. telmisartan/hydrochlorothiazide</li> <li>v. valsartan/hydrochlorothiazide</li> </ol> </li> </ol>
<b>Avalide</b> (irbesartan/ hydrochlorothiazide)	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b>            There is documentation of <b>BOTH</b> of the following (A and B):</p> <ol style="list-style-type: none"> <li>A. The individual has tried <b>irbesartan/hydrochlorothiazide</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following:               <ol style="list-style-type: none"> <li>i. candesartan/hydrochlorothiazide</li> <li>ii. losartan/hydrochlorothiazide</li> <li>iii. olmesartan/hydrochlorothiazide</li> <li>iv. telmisartan/hydrochlorothiazide</li> <li>v. valsartan/hydrochlorothiazide</li> </ol> </li> </ol> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b>            Step Therapy applies.</p>

Non-Covered Product	Criteria
<b>Avapro</b> (irbesartan)	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b>            There is documentation of <b>BOTH</b> of the following (A and B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>irbesartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following:               <ul style="list-style-type: none"> <li>i. candesartan</li> <li>ii. losartan</li> <li>iii. olmesartan</li> <li>iv. telmisartan</li> <li>v. valsartan</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b>            Step Therapy applies.</p>
<b>Azor</b> (amlodipine/ olmesartan)	<p>There is documentation of <b>BOTH</b> of the following (A and B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>amlodipine/olmesartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>ALL</b> of the following:               <ul style="list-style-type: none"> <li>i. amlodipine/benazepril</li> <li>ii. amlodipine/telmisartan</li> <li>iii. amlodipine/valsartan</li> </ul> </li> </ul>
<b>Benicar</b> (olmesartan)	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b>            There is documentation of <b>BOTH</b> of the following (A and B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>olmesartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following:               <ul style="list-style-type: none"> <li>i. candesartan</li> <li>ii. irbesartan</li> <li>iii. losartan</li> <li>iv. telmisartan</li> <li>v. valsartan</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b>            Step Therapy applies.</p>
<b>Benicar HCT</b> (olmesartan/ hydrochlorothiazide)	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b>            There is documentation of <b>BOTH</b> of the following (A and B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>olmesartan/hydrochlorothiazide</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following:               <ul style="list-style-type: none"> <li>i. candesartan/hydrochlorothiazide</li> <li>ii. irbesartan/hydrochlorothiazide</li> <li>iii. losartan/hydrochlorothiazide</li> </ul> </li> </ul>

Non-Covered Product	Criteria
	<ul style="list-style-type: none"> <li>iv. telmisartan/hydrochlorothiazide</li> <li>v. valsartan/hydrochlorothiazide</li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Cozaar</b> (losartan)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>losartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following: <ul style="list-style-type: none"> <li>i. candesartan</li> <li>ii. irbesartan</li> <li>iii. olmesartan</li> <li>iv. telmisartan</li> <li>v. valsartan</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Diovan</b> (valsartan)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>valsartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>BOTH</b> of the following: <ul style="list-style-type: none"> <li>i. candesartan</li> <li>ii. losartan</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Diovan HCT</b> (valsartan / hydrochlorothiazide)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b>valsartan/hydrochlorothiazide</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following: <ul style="list-style-type: none"> <li>i. candesartan/hydrochlorothiazide</li> <li>ii. irbesartan/hydrochlorothiazide</li> <li>iii. losartan/hydrochlorothiazide</li> <li>iv. olmesartan/hydrochlorothiazide</li> <li>v. telmisartan/hydrochlorothiazide</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Edarbi</b> (azilsartan)</p>	<p>There is documentation of <b>EITHER</b> of the following (A <u>or</u> B):</p>

Non-Covered Product	Criteria
	<p>A. The individual was recently hospitalized (and discharged within 30 days) for a cardiovascular event (for example, myocardial infarction, hypertensive emergency) who is stabilized on Edarbi.</p> <p>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FIVE</b> of the following:</p> <ul style="list-style-type: none"> <li>i. candesartan</li> <li>ii. irbesartan</li> <li>iii. losartan</li> <li>iv. olmesartan</li> <li>v. telmisartan</li> <li>vi. valsartan</li> </ul>
<p><b>Edarbyclor</b> (azilsartan/ chlorthalidone)</p>	<p>There is documentation the individual has had an inadequate response, contraindication, or is intolerant to <b>FIVE</b> of the following:</p> <ul style="list-style-type: none"> <li>A. candesartan/hydrochlorothiazide</li> <li>B. irbesartan/hydrochlorothiazide</li> <li>C. losartan/hydrochlorothiazide</li> <li>D. olmesartan/hydrochlorothiazide</li> <li>E. telmisartan/hydrochlorothiazide</li> <li>F. valsartan/hydrochlorothiazide</li> </ul>
<p><b>Exforge</b> (amlodipine/ valsartan)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b><u>amlodipine/valsartan</u></b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>ALL</b> of the following: <ul style="list-style-type: none"> <li>i. amlodipine/benazepril</li> <li>ii. amlodipine/olmesartan</li> <li>iii. amlodipine/telmisartan</li> </ul> </li> </ul>
<p><b>Exforge HCT</b> (amlodipine/ hydrochlorothiazide/ valsartan)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b><u>amlodipine/hydrochlorothiazide/valsartan</u></b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following: <ul style="list-style-type: none"> <li>i. generic Accuretic (quinapril/hydrochlorothiazide) and amlodipine concurrently</li> <li>ii. generic Atacand HCT (candesartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>iii. generic Avalide (irbesartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>iv. generic Azor (amlodipine/olmesartan) and hydrochlorothiazide concurrently</li> <li>v. generic Benicar HCT (olmesartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>vi. generic Diovan HCT (valsartan/hydrochlorothiazide) and amlodipine concurrently</li> </ul> </li> </ul>

Non-Covered Product	Criteria
	<ul style="list-style-type: none"> <li>vii. generic Exforge (amlodipine/valsartan) and hydrochlorothiazide concurrently</li> <li>viii. generic Tribenzor (amlodipine/hydrochlorothiazide/valsartan)</li> </ul>
<p><b>Hyzaar</b> (losartan/ hydrochlorothiazide)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b><u>losartan/hydrochlorothiazide</u></b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following: <ul style="list-style-type: none"> <li>i. candesartan/hydrochlorothiazide</li> <li>ii. irbesartan/hydrochlorothiazide</li> <li>iii. olmesartan/hydrochlorothiazide</li> <li>iv. telmisartan/hydrochlorothiazide</li> <li>v. valsartan/hydrochlorothiazide</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Micardis</b> (telmisartan)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b><u>telmisartan</u></b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following: <ul style="list-style-type: none"> <li>i. candesartan</li> <li>ii. irbesartan</li> <li>iii. losartan</li> <li>iv. olmesartan</li> <li>v. valsartan</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Micardis HCT</b> (telmisartan/ hydrochlorothiazide)</p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b> There is documentation of <b>BOTH</b> of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> <li>A. The individual has tried <b><u>telmisartan/hydrochlorothiazide</u></b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</li> <li>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following: <ul style="list-style-type: none"> <li>i. candesartan/hydrochlorothiazide</li> <li>ii. irbesartan/hydrochlorothiazide</li> <li>iii. losartan/hydrochlorothiazide</li> <li>iv. olmesartan/hydrochlorothiazide</li> <li>v. valsartan/hydrochlorothiazide</li> </ul> </li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b> Step Therapy applies.</p>
<p><b>Tribenzor</b></p>	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b></p>

Non-Covered Product	Criteria
(amlodipine/hydrochlorothiazide/olmesartan)	<p>There is documentation of <b>BOTH</b> of the following (A and B):</p> <p>A. The individual has tried <b>amlodipine/hydrochlorothiazide/olmesartan</b> (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction.</p> <p>B. The individual has had an inadequate response, contraindication, or is intolerant to <b>FOUR</b> of the following:</p> <ul style="list-style-type: none"> <li>i. generic Accuretic (quinapril/hydrochlorothiazide) and amlodipine concurrently</li> <li>ii. generic Atacand HCT (candesartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>iii. generic Avalide (irbesartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>iv. generic Azor (amlodipine/olmesartan) and hydrochlorothiazide concurrently</li> <li>v. generic Benicar HCT (olmesartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>vi. generic Diovan HCT (valsartan/hydrochlorothiazide) and amlodipine concurrently</li> <li>vii. generic Exforge (amlodipine/valsartan) and hydrochlorothiazide concurrently</li> <li>viii. generic Exforge HCT (amlodipine/hydrochlorothiazide/valsartan)</li> </ul>
valsartan 4 mg/mL oral solution	<p><b><u>Value/Advantage/Cigna Total Savings Drug List Plans:</u></b>  There is documentation the individual has an inability to use the following:</p> <ul style="list-style-type: none"> <li>A. valsartan tablets</li> </ul> <p><b><u>Standard/Performance/Legacy Drug List Plans:</u></b>  Step Therapy applies.</p>

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

## Reauthorization Criteria

Angiotensin Receptor Blockers are considered medically necessary for continued use when initial criteria are met **AND** there is documentation of beneficial response.

## Authorization Duration

Initial approval and reauthorization approval duration: up to 12 months

## Background

### OVERVIEW

Angiotensin receptor blockers (ARBs) [also known as angiotensin II receptor antagonists] are all indicated for the treatment of adults with hypertension.<sup>1-8</sup> Some ARBs have other indications as well. Several clinical outcome trials with ARBs have shown positive results. All ARBs, except Edarbi, are also available as combination products with hydrochlorothiazide (HCTZ).<sup>9-14</sup> Edarbi is available as a combination product containing chlorthalidone (Edarbyclor).<sup>15</sup> There are several products that combine an ARB with amlodipine (plus or minus HCTZ); these products are indicated for the treatment of hypertension.<sup>16-19</sup>

## References

1. Diovan tablets [prescribing information]. East Hanover, NJ: Novartis; April 2021.
2. Avapro tablets [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; September 2021.
3. Cozaar tablets [prescribing information]. Whitehouse Station, NJ: Merck; October 2018.
4. Atacand tablets [prescribing information]. Baudette, MN and Sodertalje, Sweden: ANI and AstraZeneca; June 2020.
5. Micardis tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; July 2020.
6. Teveten tablets [prescribing information]. North Chicago, IL: AbbVie; June 2018.
7. Benicar tablets [prescribing information]. Basking Ridge, NJ: Daiichi Sankyo Pharma; October 2019.
8. Edarbi tablets [prescribing information]. Osaka, Japan and Atlanta, GA: Takeda and Arbor; March 2020.
9. Hyzaar tablets [prescribing information]. Whitehouse Station, NJ: Merck; August 2020.
10. Diovan HCT tablets [prescribing information]. East Hanover, NJ: Novartis; August 2020.
11. Avalide tablets [prescribing information]. Bridgewater, NJ: Sanofi-Aventis; September 2021.
12. Atacand HCT tablets [prescribing information]. Baudette, MN and Sodertalje, Sweden: ANI and AstraZeneca AB; May 2020.
13. Micardis HCT tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; August 2020.
14. Benicar HCT tablets [prescribing information]. Basking Ridge, NJ: Daiichi Sankyo; May 2020.
15. Edarbyclor tablets [prescribing information]. Osaka, Japan and Atlanta, GA: Takeda and Arbor; March 2020.
16. Exforge tablets [prescribing information]. East Hanover, NJ: Novartis; April 2021.
17. Exforge HCT tablets [prescribing information]. East Hanover, NJ: Novartis; February 2021.
18. Azor tablets [prescribing information]. Basking Ridge, NJ: Daiichi Sankyo, Inc; July 2017.
19. Tribenzor tablets [prescribing information]. Basking Ridge, NJ: Daiichi Sankyo; May 2020.

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