



Uniform Formulary Medical Necessity Criteria for Renin-Angiotensin Antihypertensive Agents

Drug Class – Renin-Angiotensin Antihypertensives (RAAs). The class includes several subclasses of medications that have been reviewed separately by the DoD P&T Committee at previous meetings, as well as new FDA-approved medications that affect the renin-angiotensin system. The RAAs class is comprised of the following:

- Angiotensin receptor blockers (ARBs)
- Angiotensin-converting enzyme inhibitors (ACE inhibitors)
- Combinations of ARBs or ACE inhibitors with thiazide diuretics
- Combinations of ARBs or ACE inhibitors with calcium channel blockers (CCBs)
- Direct renin inhibitors.
- Combinations of direct renin inhibitors with thiazide diuretics
- Combinations of ARBs with direct rennin inhibitors

Background – After evaluating the relative clinical and cost effectiveness of the RAAs at its February 2011 meeting the DoD P&T Committee recommended that the following medications listed below be designated as non-formulary. This recommendation was approved by the Director, TMA on 9 May 2011. The following is the current list of non-formulary medications in this class:

- Aliskiren/amlodipine (Tekamlo)
- Olmesartan/amlodipine/Hctz (Tribenzor)

Effective Date: 13 July 2011

Patients currently using a non-formulary agent may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Copays, and Therapeutic Alternatives for RAAs¹⁻³

Uniform Formulary Status	Medication	MTF (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail (up to a 30-day supply)
Non-Formulary (Tier 3)	<ul style="list-style-type: none"> ▪ Aliskiren/amlodipine (Tekamlo) ▪ Olmesartan/amlodipine/Hctz (Tribenzor) 	Not available ²	Non-Formulary copay applies	Non-Formulary copay applies
Formulary: Brand Name (Tier 2)	ARBs +/- HCTZ <ul style="list-style-type: none"> ▪ Atacand, Atacand HCT (candesartan +/-HCTZ)³ ▪ Edarbi (azilsartan) ▪ Micardis, Micardis HCT (telmisartan +/-HCTZ) ▪ Avapro, Avalide (eprosartan +/-HCTZ)³ ▪ Benicar, Benicar HCT (Imesartan +/-HCTZ)³ Renin inhibitors +/- HCTZ <ul style="list-style-type: none"> ▪ Tekturna, Tekturna HCT (aliskiren +/- HCTZ) Other RAAs Combinations <ul style="list-style-type: none"> ▪ Twynsta (telmisartan / amlodipine) ▪ Amturnide (aliskiren, amlodipine, 	\$0	Formulary (Brand) copay applies	Formulary (Brand) copay applies

	HCTZ) ³ <ul style="list-style-type: none"> ▪ Azor (olmesartan / amlodipine)³ ▪ Valtorna (aliskiren / valsartan)³ 			
Formulary: Generic (Tier 1)	ACE inhibitor/CCBs <ul style="list-style-type: none"> ▪ benazepril/amlodipine ACE inhibitors +/-HCTZ <ul style="list-style-type: none"> ▪ captopril +/-HCTZ ▪ benazepril +/-HCTZ ▪ enalapril +/-HCTZ ▪ fosinopril +/-HCTZ ▪ lisinopril +/-HCTZ ▪ quinapril +/-HCTZ ▪ ramipril +/- HCTZ ▪ trandolapril ARB +/-HCTZ <ul style="list-style-type: none"> ▪ losartan +/-HCTZ 	\$0	Generic copay applies	Generic copay applies

HCTZ = hydrochlorothiazide

1. Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.
3. Prior authorization criteria may apply to some non-preferred formulary agents

Medical Necessity Criteria

The non-formulary cost share for Tribenzor may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. Use of ALL of the above formulary alternatives is contraindicated.
2. The patient has experienced significant adverse effects with ALL of the above formulary alternatives.

The non-formulary cost share for Tekamlo may be reduced to the formulary cost share IF the following criteria is met:

1. Use of ALL of the above formulary alternatives is contraindicated.

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the February 2011 meeting & approved by the Director, TMA on 9 May 2011. For more information, please see [DoD P&T Committee minutes](#).

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