

Drug Name: Amturnide

Common Use: Treatment of high blood pressure

Coverage Requirement: A trial of an ACE-I and an ARB prior to the use of brand-name Amturnide:

ACE Inhibitors Include:

benazepril* (generic for Lotensin)
captopril (generic for Capoten)
enalapril* (generic for Vasotec)
fosinopril (generic for Monopril)
lisinopril* (generic for Prinivil)
quinapril (generic for Accupril)
ramipril (generic for Altace)

ARBs Include:

Atacand
Avapro
Benicar
losartan (generic for Cozaar)
Diovan
Micardis
Teveten

Note: Any ACE inhibitor or ARB listed above used in a combination dosage meets step therapy requirements.

*If your plan includes GenericSampleSM, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSaveSM plans or under the 90-day maintenance drug benefit.

Coverage Rationale: There is no clinical evidence that one medication in this class is more effective than another. Generic and preferred medications should be considered first.

*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*