

Drug Name: Atacand

Common Use: Treatment of high blood pressure

Coverage Requirement: A trial of one or more of the following preferred therapies prior to the use of Atacand:

- Losartan
- Losartan HCT
- Diovan
- Diovan HCT

Coverage Rationale: Losartan and Diovan provide a wide range of clinical evidence and should be considered prior to other medications in this class.

*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.*