

Fixed-Dose Combination Antihypertensive Medication Coverage

By State Medicaid and Medicaid Managed Care Organizations

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Authors

The Million Hearts[®] Fixed-Dosed Combination Antihypertensive Medications Coverage by State Medicaid and Medicaid Managed Care Organizations was originally conceptualized and authored by Nicole L. Therrien, PharmD MPH^{*}; Natsuko Tokieda, MPH, RN (ORISE)^{*}; Taylor E. Streeter, MPH (ASRT Inc.)^{*}; Katrice Lampley, PharmD, MPH (ASRT Inc.)^{*}; Meg Meador, MPH, C-PHI, CPHQ (National Association of Community Health Centers); and Hilary K. Wall, MPH.^{*}

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Special Thanks

Million Hearts[®] gives a special thanks to Mercy Care, a health center in Georgia. Mercy Care researched Medicaid/Medicaid Managed Care Organization coverage in their state of all antihypertensive fixed-dosed combination (FDC) therapy and used that information to change their clinical workflow to better support FDC use. Their work served as the inspiration for this 50 state and Washington, DC policy analysis.

For More Information

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State Medicaid Coverage for Single-Pill, Fixed-Dose Combination Therapy Summary

The 2017 American Heart Association/American College of Cardiology blood pressure guideline recommends initial combination therapy of two or more anti-hypertensive medications for most people with hypertension.¹ Despite this recommendation, surveillance data show that 40% of people with uncontrolled hypertension are on monotherapy.² Furthermore, medication nonadherence is a well-documented issue among people with hypertension and other chronic conditions, in part due to cost issues, complex medication regimens, and other patient barriers.³ An effective solution to address these barriers involves the use of fixed-dosed combinations (FDCs), the combining of two or more antihypertensive medications in one pill. Multiple systematic reviews and meta-analysis provide strong evidence that FDCs are associated with:

- Increased medication adherence and persistence^{3,4,5}
- Reduced clinical inertia^{3,5}
- Decreased time to achieve blood pressure control³
- Improved hypertension control and cardiovascular outcomes^{3,4,5}

FDC Coverage Uncertainty

There are 29 Food and Drug Administration-approved FDCs for hypertension marketed in the United States. The ~300 Medicaid managed care organizations (MCOs) and state Medicaid programs have varying coverage of FDCs, and it can be difficult for health care systems to determine which FDCs are covered and if the medications are on preferred drug or tier 1 formulary lists.⁶

Case Study

Mercy Care, a health center in Georgia, researched MCO coverage of all FDCs in their state and updated their formulary accordingly. This formulary change led to noted improvements in FDC prescriptions and hypertension control in Mercy Care patients. Replicating Mercy Care's approach may help other health centers to improve hypertension control as well.

Your FDC State Summary Can be Used to:

- 1. <u>Compare the preferred, covered FDCs with your health center formulary</u> and update accordingly.
- 2. <u>Educate clinicians</u> about the effectiveness and availability of preferred, covered FDCs for managing their patients with hypertension.
- 3. <u>Embed preferred, covered FDCs into clinical decision support</u> for example, have clinicians save FDCs as one their favorites in their electronic health record so that it appears at the top of their "pick list" when prescribing anti-hypertension therapy; include FDCs in order sets, protocols, and templates for hypertension.



References

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications			
Alabama State Summary			
Data as of 3/14/2022			
Key: = Preferred = Non-Preferred			
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans Alabama Medicaid Agency		
ACE inhibitor + thiazide diuretic			
Benazepril/hydrochlorothiazide (Lotensin HCT)			
Enalapril/hydrochlorothiazide (Vaseretic)			
Fosinopril/hydrochlorothiazide (Monopril HCT)			
Lisinopril/hydrochlorothiazide (Zestoretic)			
Quinapril/hydrochlorothiazide (Accuretic)			
ARB + thiazide diuretic Candesartan/hydrochlorothiazide (Atacand HCT)			
Irbesartan/hydrochlorothiazide (Avalide)			
Losartan/hydrochlorothiazide (Hyzaar)			
Olmesartan/hydrochlorothiazide (Benicar HCT)			
Telmisartan/hydrochlorothiazide (Micardis HCT)			
Valsartan/hydrochlorothiazide (Diovan HCT)			
Azilsartan/chlorthalidone (Edarbyclor) ACE inhibitor + calcium channel blocker	4		
Benazepril/amlodipine (Lotrel)			
Trandolapril/verapamil (Tarka)			
ARB + calcium channel blocker			
Olmesartan/amlodipine (Azor)			
Telmisartan/amlodipine (Twynsta)			
Valsartan/amlodipine (Exforge)			
Beta blocker + thiazide diuretic Atenolol/chlorthalidone			
(Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac)			
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	÷		
Other combinations Amiloride/hydrochlorothiazide			
(Moduretic) Spironolactone/hydrochlorothiazide			
(Aldactazide) Triamterene/hydrochlorothiazide			
(Maxzide, Dyazide) Aliskiren/hydrochlorothiazide			
(Tekturna HCT)			



Fixed Dose Combination Medication [*]	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
Fixed Dose Combination Medication	Alabama Medicaid Agency		
Triple combination			
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)			
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)			

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide) [†] Prior authorization

⁺ Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Alabama Medicaid drug coverage, please see <u>Alabama Medicaid</u>.



Alaska State Summary Data as of 4/4/2022

Key:

= Preferred

= Non-Preferred

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	Alaska Medicaid
ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide	
(Lotensin HCT)	
Enalapril/hydrochlorothiazide (Vaseretic)	
Fosinopril/hydrochlorothiazide (Monopril HCT)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Moexipril/hydrochlorothiazide (Uniretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
ARB + thiazide diuretic	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Azilsartan/chlorthalidone (Edarbyclor)	
Candesartan/hydrochlorothiazide (Atacand HCT)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Telmisartan/hydrochlorothiazide (Micardis HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Perindopril/amlodipine (Prestalia)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
Telmisartan/amlodipine (Twynsta)	
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Pla	
Fixed Dose Combination Medication	Alaska Medicaid	
Other combinations		
Aliskiren/hydrochlorothiazide (Tekturna HCT)		
Triple combination		
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)		
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)		

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Alaska Medicaid drug coverage, please see <u>Preferred</u> <u>Drug List Program (alaska.gov)</u>.



Bisoprolol/hydrochlorothiazide

Metoprolol tartrate/hydrochlorothiazide

(Ziac)

(Lopressor HCT)

Combination Antihypertensive Medications Arizona State Summary Data as of 3/18/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans Arizona Complete Health – Complete Care Plan Banner-University UnitedHealthcare **Molina Complete Community Plan** American Indian **Mercy Care Plan** Care1st Arizona Health Program Health Choice Family Care Arizona **Fixed Dose Combination** Care Medication* ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Irbesartan/hydrochlorothiazide (Avalide) Candesartan/hydrochlorothiazide (Atacand HCT) Olmesartan/hydrochlorothiazide (Benicar HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Azilsartan/chlorthalidone X (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Telmisartan/amlodipine (Twynsta) Valsartan/amlodipine (Exforge) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Medicaid/Medicaid Managed Care Organization (MCO) Plans							
Fixed Dose Combination Medication	American Indian Health Program	Arizona Complete Health – Complete Care Plan	Banner-University Family Care	Care1st Arizona	Health Choice Arizona	Mercy Care Plan	Molina Complete Care	UnitedHealthcare Community Plan
Other combinations								
Spironolactone/hydrochlorothiazide (Aldactazide)								
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)								
Amiloride/hydrochlorothiazide (Moduretic)								
Triple combination								
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)								
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)								

The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: perindopril/amlodipine (Prestalia), trandolapril/verapamil (Tarka), aliskiren/hydrochlorothiazide (Tekturna HCT),

hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Arizona Medicaid MCOs, please see <u>AHCCCS Health</u> <u>Plans (azahcccs.gov)</u>.

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Arkansas State Summary

Data as of 4/4/2022

Key:

= Preferred

= Non-Preferred

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]
ACE inhibitor + thiazide diuretic	Arkansas Medicaid
Benazepril/hydrochlorothiazide (Lotensin HCT)	
Enalapril/hydrochlorothiazide (Vaseretic)	
Fosinopril/hydrochlorothiazide (Monopril HCT)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
Moexipril/hydrochlorothiazide (Uniretic)	
ARB + thiazide diuretic	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
Azilsartan/chlorthalidone (Edarbyclor)	
Candesartan/hydrochlorothiazide (Atacand HCT)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Telmisartan/hydrochlorothiazide (Micardis HCT)	
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
Telmisartan/amlodipine (Twynsta)	
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	
Other combinations	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]		
Fixed Dose Combination Medication	Arkansas Medicaid		
Triple combination			
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)			
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)			

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide) [†] Arkansas Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Arkansas Medicaid drug coverage, please see <u>Med</u> <u>Comply - Arkansas Preferred Drug List (med-comply.com</u>).

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications				
California State Summary				
Data as of 1/12/2022				
Key: = Preferred = Non-	Preferred			
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†] California Department of Health Care Services Medi-Cal Rx			
ACE inhibitor + thiazide diuretic				
Benazepril/hydrochlorothiazide (Lotensin HCT)				
Lisinopril/hydrochlorothiazide (Zestoretic)				
Moexipril/hydrochlorothiazide				
(Uniretic)	4			
ARB + thiazide diuretic				
Losartan/hydrochlorothiazide (Hyzaar)				
Telmisartan/hydrochlorothiazide (Micardis HCT)				
Valsartan/hydrochlorothiazide (Diovan HCT)				
Irbesartan/hydrochlorothiazide (Avalide)	*			
Olmesartan/hydrochlorothiazide (Benicar HCT)	*			
ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine (Lotrel)				
Trandolapril/verapamil	4			
(Tarka)				
ARB + calcium channel blocker				
Valsartan/amlodipine (Exforge)				
Telmisartan/amlodipine				
(Twynsta)	4			
Other combinations				
Spironolactone/hydrochlorothiazide (Aldactazide)				
Triamterene/hydrochlorothiazide				
(Maxzide, Dyazide)				
Triple combination				
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)				

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: enalapril/hydrochlorothiazide (Vaseretic), fosinopril/hydrochlorothiazide (Monopril HCT), quinapril/hydrochlorothiazide (Accuretic), azilsartan/chlorthalidone (Edarbyclor), candesartan/hydrochlorothiazide (Atacand HCT), perindopril/amlodipine (Prestalia), olmesartan/amlodipine (Azor), atenolol/chlorthalidone (Tenoretic), bisoprolol/hydrochlorothiazide (Ziac), metoprolol tartrate/hydrochlorothiazide (Lopressor HCT), aliskiren/hydrochlorothiazide (Tekturna HCT), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)

[†] California Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from Kaiser Family Foundation and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on California Medicaid drug coverage, please see <u>Medi-Cal Beneficiaries | Forms and Information</u>.



Colorado State Summary				
Data as of 3/22/2022				
Key: = Preferred /Tier 1 = Non-Preferred = Not Included				
	Medicaid/Medicaid	Managed Care Organi	ization (MCO) Plans	
Fixed Dose Combination Medication*	Colorado Department of Health Care Policy and Financing	Denver Health and Hospital Authority	Rocky Mountain Health Plans	
ACE inhibitor + thiazide diuretic				
Lisinopril/hydrochlorothiazide (Zestoretic)				
Benazepril/hydrochlorothiazide (Lotensin HCT)	4			
Enalapril/hydrochlorothiazide (Vaseretic)				
Fosinopril/hydrochlorothiazide (Monopril HCT)	4			
Quinapril/hydrochlorothiazide (Accuretic)	7			
ARB + thiazide diuretic				
Losartan/hydrochlorothiazide (Hyzaar)				
Irbesartan/hydrochlorothiazide (Avalide)				
Valsartan/hydrochlorothiazide (Diovan HCT)				
Olmesartan/hydrochlorothiazide (Benicar HCT)				
Azilsartan/chlorthalidone (Edarbyclor)	t		4	
Candesartan/hydrochlorothiazide (Atacand HCT)	t			
Telmisartan/hydrochlorothiazide (Micardis HCT)	Ť			
ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine (Lotrel)				
Trandolapril/verapamil (Tarka)	t			
ARB + calcium channel blocker				
Olmesartan/amlodipine (Azor)				
Valsartan/amlodipine (Exforge)				
Telmisartan/amlodipine (Twynsta)	4			
Beta blocker + thiazide diuretic				
Atenolol/chlorthalidone (Tenoretic)				
Bisoprolol/hydrochlorothiazide (Ziac)				
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)				



	Medicaid/Medicaid	edicaid/Medicaid Managed Care Organization (MCO) Plans				
Fixed Dose Combination Medication [*]	Colorado Department of Health Care Policy and Financing	Denver Health and Hospital Authority	Rocky Mountain Health Plans			
Other combinations						
Amiloride/hydrochlorothiazide (Moduretic)						
Spironolactone/hydrochlorothiazide (Aldactazide)						
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)						
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4					
Triple combination						
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	t					
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	+					

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Colorado Medicaid MCOs, please see <u>Health First</u> <u>Colorado Managed Care Contracts | Colorado Department of Health Care Policy & Financing</u>.



Connecticut State Summary Data as of 2/2/2022

Key:

= Preferred

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	Connecticut Medicaid
ACE inhibitor + thiazide diuretic	
Enalapril/hydrochlorothiazide (Vaseretic)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
ARB + thiazide diuretic	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic)	

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: benazepril/hydrochlorothiazide (Lotensin HCT), fosinopril/hydrochlorothiazide (Monopril HCT), moexipril/hydrochlorothiazide (Uniretic), azilsartan/chlorthalidone (Edarbyclor), candesartan/hydrochlorothiazide (Atacand HCT), telmisartan/hydrochlorothiazide (Micardis HCT), perindopril/amlodipine (Prestalia), trandolapril/verapamil (Tarka), telmisartan/amlodipine (Twynsta), bisoprolol/hydrochlorothiazide (Ziac), metoprolol tartrate/hydrochlorothiazide (Lopressor HCT), aliskiren/hydrochlorothiazide (Tekturna HCT), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor), valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Connecticut Medicaid drug coverage, please see <u>Pharmacy Information (ctdssmap.com</u>).



Delaware State Summary								
Data as of 4/4/2022								
Key: = Preferred = Non-Preferred = Not Included								
Medicaid/Medicaid Managed Care Organization (MCO) Plans								
Fixed Dose Combination Medication	AmeriHealth Caritas Delaware	Highmark Health Options of Delaware						
ACE inhibitor + thiazide diuretic	Donantalio							
Benazepril/hydrochlorothiazide (Lotensin HCT)								
Enalapril/hydrochlorothiazide (Vaseretic)								
Fosinopril/hydrochlorothiazide (Monopril HCT)								
Lisinopril/hydrochlorothiazide (Zestoretic)								
Quinapril/hydrochlorothiazide (Accuretic)		t						
Moexipril/hydrochlorothiazide (Uniretic)		*						
ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide)								
Losartan/hydrochlorothiazide (Hyzaar)								
Olmesartan/hydrochlorothiazide (Benicar HCT)								
Valsartan/hydrochlorothiazide (Diovan HCT)								
Azilsartan/chlorthalidone (Edarbyclor)	ŧ	ŧ						
Candesartan/hydrochlorothiazide (Atacand HCT)	4	Ŧ						
Telmisartan/hydrochlorothiazide (Micardis HCT)	4	Ŧ						
ACE inhibitor + calcium channel blocker								
Benazepril/amlodipine (Lotrel)								
Trandolapril/verapamil (Tarka)	*	Ś						
Perindopril/amlodipine (Prestalia)		5						
ARB + calcium channel blocker								
Olmesartan/amlodipine (Azor)								
Valsartan/amlodipine (Exforge)								
Telmisartan/amlodipine (Twynsta) Beta blocker + thiazide diuretic	*							
Atenolol/chlorthalidone (Tenoretic)								
Bisoprolol/hydrochlorothiazide (Ziac)								
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	¥	4						



	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
Fixed Dose Combination Medication*	AmeriHealth Caritas Delaware	Highmark Health Options of Delaware			
Other combinations					
Amiloride/hydrochlorothiazide (Moduretic)					
Spironolactone/hydrochlorothiazide (Aldactazide)					
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)					
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4	4			
Triple combination					
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)					
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)					

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Some doses are non-preferred, see PDL for full details.

[‡] Prior authorization

§ Step therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Delaware Medicaid MCOs, please see <u>MCO</u> <u>Procurement data - Delaware Health and Social Services - State of Delaware</u>.



Florida State Summary

Data as of 1/20/2022

Key:

= Preferred

Fixed Dose Combination Medication [*]	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]				
	Florida Medicaid				
ACE inhibitor + thiazide diuretic					
Enalapril/hydrochlorothiazide					
(Vaseretic)					
Lisinopril/hydrochlorothiazide					
(Zestoretic)					
Quinapril/hydrochlorothiazide					
(Accuretic)					
ARB + thiazide diuretic					
Irbesartan/hydrochlorothiazide					
(Avalide)					
Losartan/hydrochlorothiazide					
(Hyzaar)					
Olmesartan/hydrochlorothiazide					
(Benicar HCT)					
ACE inhibitor + calcium channel blocker					
Benazepril/amlodipine					
(Lotrel)					
ARB + calcium channel blocker					
Olmesartan/amlodipine					
(Azor)					
Valsartan/amlodipine					
(Exforge)					
Beta blocker + thiazide diuretic					
Atenolol/chlorthalidone					
(Tenoretic)					
Bisoprolol/hydrochlorothiazide					
(Ziac)					
Other combinations					
Amiloride/hydrochlorothiazide					
(Moduretic)					
Spironolactone/hydrochlorothiazide					
(Aldactazide)					
Triamterene/hydrochlorothiazide					
(Maxzide, Dyazide)					

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: benazepril/hydrochlorothiazide (Lotensin HCT), fosinopril/hydrochlorothiazide (Monopril HCT), moexipril/hydrochlorothiazide (Uniretic), azilsartan/chlorthalidone (Edarbyclor), candesartan/hydrochlorothiazide (Atacand HCT), telmisartan/hydrochlorothiazide (Micardis HCT), valsartan/hydrochlorothiazide (Diovan HCT), perindopril/amlodipine (Prestalia), trandolapril/verapamil (Tarka), telmisartan/amlodipine (Twynsta), metoprolol tartrate/hydrochlorothiazide (Lopressor HCT), aliskiren/hydrochlorothiazide (Tekturna HCT), hydralazine/hydrochlorothiazide (Hydra-zide), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor),

valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)

[†] Florida Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Florida Medicaid drug coverage, please see <u>Florida Medicaid Preferred Drug List (PDL) (myflorida.com)</u>.



Combin	ation Antihype		alions			
Georgia State Summary						
Data as of 1/11/2022						
Key: = Preferred /Tier 1 = Not Included						
	Medicaid/Me	dicaid Managed C	are Organization	(MCO) Plans		
Fixed Dose Combination	Amerigroup	_				
Medication*	Community Care	CareSource	Peach State Health Plan	WellCare of Georgia		
ACE inhibitor + thiazide diuretic						
Benazepril/hydrochlorothiazide						
(Lotensin HCT) Enalapril/hydrochlorothiazide						
(Vaseretic)						
Lisinopril/hydrochlorothiazide						
(Zestoretic) Fosinopril/hydrochlorothiazide						
(Monopril HCT)						
Quinapril/hydrochlorothiazide						
(Accuretic) ARB + thiazide diuretic						
Losartan/hydrochlorothiazide						
(Hyzaar)						
Valsartan/hydrochlorothiazide						
(Diovan HCT) Candesartan/hydrochlorothiazide						
(Atacand HCT)						
Irbesartan/hydrochlorothiazide (Avalide)						
Telmisartan/hydrochlorothiazide						
(Micardis HCT) Olmesartan/hydrochlorothiazide						
(Benicar HCT)			t			
ACE inhibitor + calcium channel blocker						
Benazepril/amlodipine (Lotrel)						
Trandolapril/verapamil						
(Tarka)						
ARB + calcium channel blocker						
Valsartan/amlodipine (Exforge)			t			
Telmisartan/amlodipine						
(Twynsta)						
Olmesartan/amlodipine (Azor)			†			
Beta blocker + thiazide diuretic						
Atenolol/chlorthalidone (Tenoretic)						
Bisoprolol/hydrochlorothiazide (Ziac)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	+					
Other combinations						
Amiloride/hydrochlorothiazide (Moduretic)						
Spironolactone/hydrochlorothiazide (Aldactazide)						
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)						



	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
Fixed Dose Combination Medication [*]	Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
Triple combination				
Olmesartan/amlodipine/hydrochlorothiazide			+	
(Tribenzor)				
Valsartan/amlodipine/hydrochlorothiazide			+	
(Exforge HCT)			-	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), azilsartan/chlorthalidone (Edarbyclor), perindopril/amlodipine (Prestalia), aliskiren/hydrochlorothiazide (Tekturna HCT), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Step therapy

⁺ Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Georgia Medicaid MCOs, please see <u>Care Management Organizations (CMO) | Georgia Medicaid</u>.



				5		
		State Summa				
	Data a	is of 4/4/2022	2			
Key: = Preferred /Tier 1 = Non-Preferred = Not Included						
	Medicaid	Medicaid Mar	naged Care Org	ganization (MC	O) Plans	
Fixed Dose Combination Medication [*]	AlohaCare	Hawaii Medical Service Association (HMSA)	Kaiser Permanente	'Ohana Health Plan	United Healthcare Community Plan	
ACE inhibitor + thiazide diuretic						
Lisinopril/hydrochlorothiazide (Zestoretic)						
Benazepril/hydrochlorothiazide (Lotensin HCT)						
Enalapril/hydrochlorothiazide (Vaseretic)						
Fosinopril/hydrochlorothiazide (Monopril HCT)						
Quinapril/hydrochlorothiazide (Accuretic)						
ARB + thiazide diuretic						
Losartan/hydrochlorothiazide (Hyzaar)						
Valsartan/hydrochlorothiazide (Diovan HCT)						
Irbesartan/hydrochlorothiazide (Avalide)						
Candesartan/hydrochlorothiazide (Atacand HCT)						
Azilsartan/chlorthalidone (Edarbyclor)					4	
ACE inhibitor + calcium channel blocker		1				
Benazepril/amlodipine (Lotrel)						
ARB + calcium channel blocker						
Valsartan/amlodipine (Exforge)						
Beta blocker + thiazide diuretic Bisoprolol/hydrochlorothiazide						
(Ziac)						
Atenolol/chlorthalidone (Tenoretic)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)						
Other combinations Spironolactone/hydrochlorothiazide						
(Aldactazide) Triamterene/hydrochlorothiazide						
(Maxzide, Dyazide) Amiloride/hydrochlorothiazide						
(Moduretic)						

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), olmesartan/hydrochlorothiazide (Benicar HCT), telmisartan/hydrochlorothiazide (Micardis HCT), perindopril/amlodipine (Prestalia), trandolapril/verapamil (Tarka), olmesartan/amlodipine (Azor), telmisartan/amlodipine (Twynsta),



aliskiren/hydrochlorothiazide (Tekturna HCT), hydralazine/hydrochlorothiazide (Hydra-zide), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor), valsartan/amlodipine/hydrochlorothiazide (Exforge HCT) [†] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Hawaii Medicaid MCOs, please see <u>Health Plans</u> (hawaii.gov).



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications** Idaho State Summary Data as of 4/6/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization (MCO) Plans Fixed Dose Combination Medication* Idaho Medicaid ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) Fosinopril/hydrochlorothiazide ¥ (Monopril HCT) Moexipril/hydrochlorothiazide Ŕ (Uniretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone ¥ (Edarbyclor) Candesartan/hvdrochlorothiazide X (Atacand HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Perindopril/amlodipine 4 (Prestalia) Trandolapril/verapamil £ (Tarka) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Telmisartan/amlodipine Ŕ (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide X (Lopressor HCT)



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
Fixed Dose Combination Medication	Idaho Medicaid
Other combinations	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	4
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	4

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Idaho Medicaid drug coverage, please see <u>Idaho</u> <u>Medicaid Pharmacy Program | Idaho Department of Health and Welfare</u>.



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications Illinois State Summary** Data as of 1/11/2022 Key: = Preferred = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans Aetna **Blue Cross** Molina **Fixed Dose Combination** Better CountyCare Meridian **Blue Shield** Healthcare Medication* Health of **Health Plan Health Plan** of Illinois of Illinois Illinois ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone X X ħ) (Edarbyclor) Candesartan/hydrochlorothiazide X A X (Atacand HCT) Olmesartan/hydrochlorothiazide X ¥ X (Benicar HCT) Telmisartan/hydrochlorothiazide X X * (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Olmesartan/amlodipine $\mathbf{\hat{\mathbf{h}}}$ H) ¥. (Azor) Telmisartan/amlodipine À X 4 (Twynsta) Valsartan/amlodipine X X £ (Exforge) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide

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(Lopressor HCT)



	Medicaid	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
Fixed Dose Combination Medication [*]	Aetna Better Health of Illinois	Blue Cross Blue Shield of Illinois	CountyCare Health Plan	Meridian Health Plan	Molina Healthcare of Illinois		
Other combinations							
Amiloride/hydrochlorothiazide (Moduretic)							
Spironolactone/hydrochlorothiazide (Aldactazide)							
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)							
Aliskiren/hydrochlorothiazide (Tekturna HCT)		*		4	4		
Triple combination							
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)		*		4	4		
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)		A ()		*	*		

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide) [†] Prior authorization

[‡] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Illinois Medicaid MCOs, please see <u>Illinois' Managed</u> Care Programs | HFS.



Indiana State Summary						
Data as of 3/17/2022						
Key: = Preferred /Tier 1 = Non-Preferred = Not Included						
	Medicaid/Me	dicaid Managed C	are Organization	(MCO) Plans		
Fixed Dose Combination Medication [*]	Anthem BlueCross Blue Shield	CareSource	Managed Health Services	MDWise		
ACE inhibitor + thiazide diuretic						
Benazepril/hydrochlorothiazide (Lotensin HCT)						
Enalapril/hydrochlorothiazide (Vaseretic)						
Fosinopril/hydrochlorothiazide (Monopril HCT)						
Lisinopril/hydrochlorothiazide (Zestoretic)						
Quinapril/hydrochlorothiazide (Accuretic)						
ARB + thiazide diuretic						
Candesartan/hydrochlorothiazide (Atacand HCT)						
Irbesartan/hydrochlorothiazide (Avalide)						
Losartan/hydrochlorothiazide (Hyzaar)						
Valsartan/hydrochlorothiazide (Diovan HCT)						
Telmisartan/hydrochlorothiazide (Micardis HCT)						
Olmesartan/hydrochlorothiazide (Benicar HCT)			t			
Azilsartan/chlorthalidone (Edarbyclor)				t,		
ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel)						
Trandolapril/verapamil (Tarka)						
ARB + calcium channel blocker Telmisartan/amlodipine (Twynsta)						
Olmesartan/amlodipine (Azor)			t			
Valsartan/amlodipine (Exforge)			t			
Beta blocker + thiazide diuretic						
Atenolol/chlorthalidone (Tenoretic)						
Bisoprolol/hydrochlorothiazide (Ziac)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)						



	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
Fixed Dose Combination Medication [*]	Anthem BlueCross Blue Shield	CareSource	Managed Health Services	MDWise	
Other combinations					
Amiloride/hydrochlorothiazide (Moduretic)					
Spironolactone/hydrochlorothiazide (Aldactazide)					
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)					
Aliskiren/hydrochlorothiazide (Tekturna HCT)					
Triple combination					
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)			t		
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)			t		

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide) [†] Step therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Indiana Medicaid MCOs, please see <u>Indiana Medicaid:</u> Members: Managed Care Health Plans.

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Atenolol/chlorthalidone

Bisoprolol/hydrochlorothiazide

Metoprolol tartrate/hydrochlorothiazide

(Tenoretic)

(Lopressor HCT)

(Ziac)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications Iowa State Summary** Data as of 4/4/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization (MCO) Plans[†] Fixed Dose Combination Medication* **Iowa Medicaid Uniform** ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Moexipril/hydrochlorothiazide (Uniretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone (Edarbyclor) Candesartan/hydrochlorothiazide (Atacand HCT) Olmesartan/hydrochlorothiazide (Benicar HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) Perindopril/amlodipine (Prestalia) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Telmisartan/amlodipine (Twynsta) Beta blocker + thiazide diuretic



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†] Iowa Medicaid Uniform
Other combinations	
Amiloride/hydrochlorothiazide (Moduretic)	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	
Triple combination	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Iowa Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Iowa Medicaid drug coverage, please see <u>Preferred</u> <u>Drug Lists | Iowa Medicaid PDL</u>.

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Kansas State Summary						
Data as of 4/4/2022						
Key: = Preferred = Non-Preferred						
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†] Kansas Medicaid Uniform					
ARB + thiazide diuretic						
Azilsartan/chlorthalidone (Edarbyclor)						
Irbesartan/hydrochlorothiazide (Avalide)						
Losartan/hydrochlorothiazide (Hyzaar)						
Olmesartan/hydrochlorothiazide (Benicar HCT)						
Valsartan/hydrochlorothiazide (Diovan HCT)						
Candesartan/hydrochlorothiazide (Atacand HCT)	4					
ACE inhibitor + calcium channel blocker						
Benazepril/amlodipine (Lotrel)						
Perindopril/amlodipine (Prestalia)	4					
Trandolapril/verapamil (Tarka)	Ŧ					
ARB + calcium channel blocker						
Olmesartan/amlodipine (Azor)						
Valsartan/amlodipine (Exforge)						
Telmisartan/amlodipine (Twynsta)	4					
Beta blocker + thiazide diuretic						
Bisoprolol/hydrochlorothiazide (Ziac)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	Ť					
Triple combination						
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)						

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: benazepril/hydrochlorothiazide (Lotensin HCT), enalapril/hydrochlorothiazide (Vaseretic), fosinopril/hydrochlorothiazide (Monopril HCT), lisinopril/hydrochlorothiazide (Zestoretic), moexipril/hydrochlorothiazide (Uniretic), quinapril/hydrochlorothiazide (Accuretic), telmisartan/hydrochlorothiazide (Micardis HCT), atenolol/chlorthalidone (Tenoretic), aliskiren/hydrochlorothiazide (Tekturna HCT), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide), valsartan/amlodipine/hydrochlorothiazide (Exforge HCT) [†] Kansas Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care



organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Kansas Medicaid drug coverage, please see <u>Preferred Drug List Program | KDHE, KS</u>.



Combination Antihypertensive Medications								
Kentucky State Summary								
Data as of 4/5/2022								
Key: = Preferred = Non-Preferred = Not Included								
	Medicaid/Medicaid Managed Care Organization (MCO) Plans							
Fixed Dose Combination Medication [*]	Aetna Better Health of Kentucky	Anthem Kentucky	Humana CareSource	Passport Health Plan	United Healthcare Community Plan of Kentucky	WellCare of Kentucky		
ACE inhibitor + thiazide diuretic								
Benazepril/hydrochlorothiazide (Lotensin HCT)								
Lisinopril/hydrochlorothiazide (Zestoretic)								
Enalapril/hydrochlorothiazide (Vaseretic)								
Fosinopril/hydrochlorothiazide (Monopril HCT)								
Quinapril/hydrochlorothiazide (Accuretic)								
ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide)								
Losartan/hydrochlorothiazide (Hyzaar)								
Olmesartan/hydrochlorothiazide (Benicar HCT)								
Valsartan/hydrochlorothiazide (Diovan HCT)								
Azilsartan/chlorthalidone (Edarbyclor)								
Candesartan/hydrochlorothiazide (Atacand HCT)								
Telmisartan/hydrochlorothiazide (Micardis HCT)								
ACE inhibitor + calcium channel blocker Benazepril/amlodipine								
(Lotrel)								
Trandolapril/verapamil (Tarka)								
ARB + calcium channel blocker Valsartan/amlodipine (Exforge)								
Olmesartan/amlodipine (Azor)								
Telmisartan/amlodipine (Twynsta)								


	Medica	aid/Medicaid	Managed C	are Organiz	ation (MCO) Plans
Fixed Dose Combination Medication [*]	Aetna Better Health of Kentucky	Anthem Kentucky	Humana CareSource	Passport Health Plan	United Healthcare Community Plan of Kentucky	WellCare of Kentucky
Beta blocker + thiazide diuretic						
Atenolol/chlorthalidone (Tenoretic)						
Bisoprolol/hydrochlorothiazide (Ziac)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)						
Other combinations						
Amiloride/hydrochlorothiazide (Moduretic)						
Spironolactone/hydrochlorothiazide (Aldactazide)						
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)						
Aliskiren/hydrochlorothiazide (Tekturna HCT)						
Triple combination						
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)						
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)						

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide)

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Kentucky Medicaid MCOs, please see <u>Managed Care</u> <u>Organizations - Cabinet for Health and Family Services (ky.gov)</u>.



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Louisiana State Summary Data as of 3/17/2022					
ΛΠΠΠΠ					
Key: = Preferred = Non-	Preferred				
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†] Louisiana Medicaid				
ACE inhibitor + thiazide diuretic					
Benazepril/hydrochlorothiazide (Lotensin HCT)					
Enalapril/hydrochlorothiazide (Vaseretic)					
Fosinopril/hydrochlorothiazide (Monopril HCT)					
Lisinopril/hydrochlorothiazide (Zestoretic)					
Quinapril/hydrochlorothiazide (Accuretic)					
ARB + thiazide diuretic					
Irbesartan/hydrochlorothiazide (Avalide)					
Losartan/hydrochlorothiazide (Hyzaar)					
Olmesartan/hydrochlorothiazide (Benicar HCT)					
Valsartan/hydrochlorothiazide (Diovan HCT)					
Azilsartan/chlorthalidone (Edarbyclor)	\$				
Candesartan/hydrochlorothiazide (Atacand HCT)	t				
Telmisartan/hydrochlorothiazide (Micardis HCT)	4				
ACE inhibitor + calcium channel blocker					
Benazepril/amlodipine (Lotrel)					
Trandolapril/verapamil (Tarka)	÷				
ARB + calcium channel blocker					
Olmesartan/amlodipine (Azor)					
Valsartan/amlodipine (Exforge)					
Telmisartan/amlodipine (Twynsta)	4				
Beta blocker + thiazide diuretic					
Atenolol/chlorthalidone (Tenoretic)					
Bisoprolol/hydrochlorothiazide (Ziac)					
Other combinations					
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4				
Triple combination Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)					
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	*				
(Indenzor)					



* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), metoprolol tartrate/hydrochlorothiazide (Lopressor HCT), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Louisiana Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Louisiana Medicaid drug coverage, please see Medicaid | Department of Health | State of Louisiana | (lamedicaid.com).

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Combination Antihypertensive Medications Maine State Summary Data as of 4/5/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization (MCO) Plans Fixed Dose Combination Medication* **Maine Medicaid** ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Moexipril/hydrochlorothiazide X (Uniretic) Quinapril/hydrochlorothiazide ¥ (Accuretic) Fosinopril/hydrochlorothiazide ** (Monopril HCT) ARB + thiazide diuretic Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone X (Edarbyclor) Candesartan/hydrochlorothiazide ** (Atacand HCT) Irbesartan/hydrochlorothiazide ** (Avalide) ACE inhibitor + calcium channel blocker Benazepril/amlodipine tt (Lotrel) Perindopril/amlodipine ** (Prestalia) Trandolapril/verapamil ** (Tarka) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide § (Lopressor HCT)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



Fixed Dose Combination Medication [*]	Medicaid/Medicaid Managed Care Organization (MCO) Plans
Fixed Dose Combination Medication	Maine Medicaid
Other combinations	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: telmisartan/amlodipine (Twynsta), aliskiren/hydrochlorothiazide (Tekturna HCT), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

[‡] Step Therapy

[§] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Maine Medicaid drug coverage, please see <u>Preferred</u> <u>Drug Lists (PDL) | MaineCare PDL</u>.



(Twynsta)

Combination Antihypertensive Medications Maryland State Summary Data as of 3/17/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans UnitedHealthcare Community Health Plan of Maryland Better Health of Maryland Amerigroup Community Care Medstar Family Choice Maryland Physician's Care CareFirst Community Health Partners Jai Medical Systems Permanente **Priority Partners Fixed Dose Combination Medication**^{*} Kaiser Aetna ACE inhibitor + thiazide diuretic Lisinopril/hydrochlorothiazide (Zestoretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Quinapril/hydrochlorothiazide (Accuretic) Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Irbesartan/hydrochlorothiazide (Avalide) Candesartan/hydrochlorothiazide t (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Olmesartan/hydrochlorothiazide (Benicar HCT) Azilsartan/chlorthalidone 4 (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Valsartan/amlodipine t (Exforge) Telmisartan/amlodipine

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Ме	dicaid/N	ledicaid	Manage	ed Care	Organiz	ation (N	ICO) Pla	ns
Fixed Dose Combination Medication [*]	Aetna Better Health of Maryland	Amerigroup Community Care	CareFirst Community Health Partners	Jai Medical Systems	Kaiser Permanente	Maryland Physician's Care	Medstar Family Choice	Priority Partners	UnitedHealthcare Community Health Plan of Maryland
Beta blocker + thiazide diuretic									
Atenolol/chlorthalidone (Tenoretic)									
Bisoprolol/hydrochlorothiazide (Ziac)									
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)									
Other combinations									
Spironolactone/hydrochlorothiazide (Aldactazide)									
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)									
Amiloride/hydrochlorothiazide (Moduretic)									
Hydralazine/hydrochlorothiazide (Hydra-zide)									
Triple combination									
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)								†	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: perindopril/amlodipine (Prestalia), olmesartan/amlodipine (Azor), aliskiren/hydrochlorothiazide (Tekturna HCT),

olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)

[†] Step therapy

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Maryland Medicaid MCOs, please see <u>Pages - HealthChoice Managed Care (maryland.gov</u>).



Combination Antihypertensive Medications Massachusetts State Summary Data as of 3/22/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans BMC HealthNet Plan My Care Family Be Healthy Partnership Fallon Health **Tufts Health** MassHealth Together **Fixed Dose Combination Medication*** ACE inhibitor + thiazide diuretic Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Olmesartan/hydrochlorothiazide t (Benicar HCT) Telmisartan/hydrochlorothiazide ŧ t t (Micardis HCT) Candesartan/hydrochlorothiazide ŧ ± t t t (Atacand HCT) Azilsartan/chlorthalidone (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil ± (Tarka) Perindopril/amlodipine t (Prestalia) ARB + calcium channel blocker Olmesartan/amlodipine 11 †‡ t (Azor) Valsartan/amlodipine (Exforge) Telmisartan/amlodipine t t ŧ (Twynsta)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Medica	id/Medicaid	Managed C	are Organiz	ation (MCO) Plans
Fixed Dose Combination Medication [*]	Be Healthy Partnership	BMC HealthNet Plan	Fallon Health	MassHealth	My Care Family	Tufts Health Together
Beta blocker + thiazide diuretic						
Atenolol/chlorthalidone (Tenoretic)						
Bisoprolol/hydrochlorothiazide (Ziac)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)						
Other combinations						
Amiloride/hydrochlorothiazide (Moduretic)						
Spironolactone/hydrochlorothiazide (Aldactazide)						
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)						
Aliskiren/hydrochlorothiazide (Tekturna HCT)	t					
Triple combination						
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)			\$		t	+
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	t			ŧ		

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Step therapy

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Massachusetts Medicaid MCOs, please see <u>MassHealth health plans | Mass.gov</u>.

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	Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications					9			
Michigan State Summary									
			of 1/20						
			••••						
Key: = Preferred /Tier 1 = Non-Preferred = Not Included									
	Ме	dicaid/I	ledicaic	Manag	ed Care	Organiz	zation (N	ICO) Pla	ns
Fixed Dose Combination Medication [*]	Aetna Better Health of Michigan	Blue Cross Complete of Michigan	HAP Empowered	McLaren Health Plan	Meridian Health Plan of Michigan, Inc.	Molina Healthcare of Michigan	Priority Health Choice	UnitedHealthcare Community Plan of Michigan	Upper Peninsula Health Plan
ACE inhibitor + thiazide diuretic									
Enalapril/hydrochlorothiazide (Vaseretic)									
Lisinopril/hydrochlorothiazide (Zestoretic)									
Benazepril/hydrochlorothiazide (Lotensin HCT)									
Quinapril/hydrochlorothiazide (Accuretic)		t	4	t.	ţ.	t	t (*	
Fosinopril/hydrochlorothiazide (Monopril HCT)		4	// <i>t</i> //	, t	, t	t	t	*	
Moexipril/hydrochlorothiazide (Uniretic)									
ARB + thiazide diuretic									
Losartan/hydrochlorothiazide (Hyzaar)									
Valsartan/hydrochlorothiazide (Diovan HCT)									
Olmesartan/hydrochlorothiazide (Benicar HCT)									
Irbesartan/hydrochlorothiazide (Avalide)					<u>}</u>	/// <i>*</i> ///	/// <i>*</i> ///		
Azilsartan/chlorthalidone (Edarbyclor)		,	t /	*	+	+	4	*	
Candesartan/hydrochlorothiazide (Atacand HCT)		t	<i>t</i>	7	7	7	T I	*	
Telmisartan/hydrochlorothiazide (Micardis HCT)		*	*	7	t	*	4	*	
ACE inhibitor + calcium channel blocker									
Benazepril/amlodipine (Lotrel)									
Trandolapril/verapamil (Tarka)		*	*	*	*	*	*		
Perindopril/amlodipine									
(Prestalia) ARB + calcium channel blocker									
Valsartan/amlodipine									
(Exforge) Olmesartan/amlodipine									
(Azor) Telmisartan/amlodipine					X	×	k III		
(Twynsta)									

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Ме	Medicaid/Medicaid Managed Care Organization (MCO) Plans							
Fixed Dose Combination Medication [*]	Aetna Better Health of Michigan	Blue Cross Complete of Michigan	HAP Empowered	McLaren Health Plan	Meridian Health Plan of Michigan, Inc.	Molina Heatthcare of Michigan	Priority Health Choice	UnitedHealthcare Community Plan of Michigan	Upper Peninsula Health Plan
Beta blocker + thiazide diuretic									
Atenolol/chlorthalidone (Tenoretic)									
Bisoprolol/hydrochlorothiazide (Ziac)									
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)		*	*	*	*	×	‡ .†	\$t	
Other combinations									
Amiloride/hydrochlorothiazide (Moduretic)									
Spironolactone/hydrochlorothiazide (Aldactazide)									
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)									
Aliskiren/hydrochlorothiazide (Tekturna HCT)		*	t	4	*	*	*	<i>x</i>	
Triple combination									
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)									
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)		x	4	4	*	*	*	t	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

[‡] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Michigan Medicaid MCOs, please see <u>Medicaid Health</u> Plan Pharmacy Benefit (michigan.gov).



(Twynsta)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications** Minnesota State Summary Data as of 3/18/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans UnitedHealthcare Community Health Plan of Minnesota Itasca Medical Care PrimeWest Health South Country Health Alliance Health Health Partners Plus **Fixed Dose Combination** Medica UCare Hennepin **Medication**^{*} Blue ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Telmisartan/hydrochlorothiazide X X X X t £ (Micardis HCT) Candesartan/hydrochlorothiazide £ X X X Ĥ Ŕ (Atacand HCT) Olmesartan/hydrochlorothiazide $\hat{\mathbf{x}}$ * X X * X (Benicar HCT) Azilsartan/chlorthalidone + + * X $\mathbf{\hat{t}}$ X (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil + t + $\mathbf{\hat{t}}$ + ×. (Tarka) Perindopril/amlodipine * (Prestalia) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Olmesartan/amlodipine 4 $\langle \mathbf{f} \rangle$ $\langle \mathbf{f} \rangle$ 4 $\langle \mathbf{f} \rangle$ \mathbf{F} (Azor) Telmisartan/amlodipine 1 X £ A. X X



	Ме	Medicaid/Medicaid Managed Care Organization (MCO) Plans					ins		
Fixed Dose Combination Medication [*]	Blue Plus	Health Partners	Hennepin Health	Itasca Medical Care	Medica	PrimeWest Health	South Country Health Alliance	UCare	UnitedHealthcare Community Health Plan of Minnesota
Beta blocker + thiazide diuretic									
Atenolol/chlorthalidone (Tenoretic)	4	*				*	+	*	4
Bisoprolol/hydrochlorothiazide (Ziac)	t	*				t	*	1	1
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	t	1				4	*	ł	*
Other combinations									
Aliskiren/hydrochlorothiazide (Tekturna HCT)			t						
Amiloride/hydrochlorothiazide (Moduretic)									
Spironolactone/hydrochlorothiazide (Aldactazide)									
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)									
Triple combination									
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)									
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	•	*				*	*	•	*

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

[‡] Step therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Minnesota Medicaid MCOs, please see <u>MCO contacts</u> for MHCP providers / Minnesota Department of Human Services (mn.gov).

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications Mississippi State Summary** Data as of 4/5/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization (MCO) Plans[†] Fixed Dose Combination Medication* **Mississippi Medicaid Uniform** ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) Moexipril/hydrochlorothiazide ¥ (Uniretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone Æ (Edarbyclor) Candesartan/hvdrochlorothiazide X (Atacand HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) Perindopril/amlodipine Ê (Prestalia) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Telmisartan/amlodipine Ú (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]					
Fixed Dose Combination Medication	Mississippi Medicaid Uniform					
Other combinations						
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4					
Triple combination						
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)						
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	4					

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Mississippi Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Mississippi Medicaid drug coverage, please see <u>Universal Preferred Drug List | Mississippi Division of Medicaid (ms.gov)</u>.

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Missouri State Summary Data as of 3/17/2022

Key:

= Preferred

= Non-Preferred

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans MO HealthNet
ACE inhibitor + thiazide diuretic	
Benazepril/hydrochlorothiazide (Lotensin HCT)	
Enalapril/hydrochlorothiazide (Vaseretic)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Fosinopril/hydrochlorothiazide (Monopril HCT)	
Moexipril/hydrochlorothiazide (Uniretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
ARB + thiazide diuretic	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Telmisartan/hydrochlorothiazide (Micardis HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
Azilsartan/chlorthalidone (Edarbyclor)	
Candesartan/hydrochlorothiazide (Atacand HCT)	
Olmesartan/hydrochlorothiazide (Benicar HCT) ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Valsartan/amlodipine (Exforge)	
Olmesartan/amlodipine (Azor)	
Telmisartan/amlodipine (Twynsta)	
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	t



Fixed Dose Combination Medication [*]	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
Fixed Dose Combination Medication	MO HealthNet					
Other combinations						
Aliskiren/hydrochlorothiazide (Tekturna HCT)						
Triple combination						
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)						
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)						

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Missouri Medicaid drug coverage, please see <u>Missouri</u> <u>Pharmacy Clinical Edits and Preferred Drug Lists | Missouri Department of Social Services (mo.gov)</u>.

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(Tekturna HCT)

Combination Antihypertensive Medications Montana State Summary Data as of 4/5/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization (MCO) Plans Fixed Dose Combination Medication* **Montana Medicaid** ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Fosinopril/hydrochlorothiazide (Monopril HCT) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone (Edarbyclor) Candesartan/hydrochlorothiazide (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Olmesartan/amlodipine (Azor) Telmisartan/amlodipine (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide £. (Lopressor HCT) Other combinations Aliskiren/hydrochlorothiazide

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
Fixed Dose Combination Medication	Montana Medicaid				
Triple combination					
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)					
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)					

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Metoprolol/hydrochlorothiazide is non-preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Montana Medicaid drug coverage, please see <u>19 (mt.gov</u>).



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Nebraska State Summary								
	Data as of 4/8/2022)						
Key: = Preferred = Non-P	referred = No	t Included						
	Medicaid/Medicaid	Managed Care Organ	ization (MCO) Plans					
Fixed Dose Combination Medication*	Healthy Blue	Nebraska Total Care	UnitedHealthcare Community Plan of Nebraska					
ACE inhibitor + thiazide diuretic								
Benazepril/hydrochlorothiazide (Lotensin HCT)								
Enalapril/hydrochlorothiazide (Vaseretic)								
Fosinopril/hydrochlorothiazide (Monopril HCT)								
Lisinopril/hydrochlorothiazide (Zestoretic)								
Quinapril/hydrochlorothiazide (Accuretic)								
Moexipril/hydrochlorothiazide (Uniretic)								
ARB + thiazide diuretic								
Irbesartan/hydrochlorothiazide (Avalide)								
Losartan/hydrochlorothiazide (Hyzaar)								
Olmesartan/hydrochlorothiazide (Benicar HCT)								
Valsartan/hydrochlorothiazide (Diovan HCT)								
Azilsartan/chlorthalidone (Edarbyclor)			*					
Candesartan/hydrochlorothiazide (Atacand HCT)			4					
Telmisartan/hydrochlorothiazide (Micardis HCT)			4					
ACE inhibitor + calcium channel blocker								
Benazepril/amlodipine (Lotrel)								
Trandolapril/verapamil (Tarka)			t					
Perindopril/amlodipine (Prestalia)								
ARB + calcium channel blocker								
Olmesartan/amlodipine (Azor)								
Valsartan/amlodipine (Exforge)								
Telmisartan/amlodipine (Twynsta)			4					



	Medicaid/Medicaid Managed Care Organization (MCO) Plans							
Fixed Dose Combination Medication [*]	Healthy Blue	Nebraska Total Care	UnitedHealthcare Community Plan of Nebraska					
Beta blocker + thiazide diuretic								
Atenolol/chlorthalidone (Tenoretic)								
Bisoprolol/hydrochlorothiazide (Ziac)								
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)			4					
Other combinations								
Amiloride/hydrochlorothiazide (Moduretic)								
Spironolactone/hydrochlorothiazide (Aldactazide)								
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)								
Aliskiren/hydrochlorothiazide (Tekturna HCT)			4					
Triple combination								
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)			4					
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)			4					

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†]Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Nebraska Medicaid MCOs, please see <u>Heritage Health</u> (ne.gov).



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Nevada State Summary								
Data as of 4/8/2022								
Key: = Preferred = Not Included								
		dicaid Managed C		(MCO) Plans				
Fixed Dose Combination Medication [*]	Anthem Blue Cross Blue Shield	Health Plan Nevada	Molina Healthcare of Nevada	SilverSummit Health Plan				
ACE inhibitor + thiazide diuretic								
Benazepril/hydrochlorothiazide (Lotensin HCT)								
Enalapril/hydrochlorothiazide (Vaseretic)								
Fosinopril/hydrochlorothiazide (Monopril HCT)								
Lisinopril/hydrochlorothiazide (Zestoretic)								
Quinapril/hydrochlorothiazide (Accuretic)								
ARB + thiazide diuretic								
Losartan/hydrochlorothiazide (Hyzaar)								
Irbesartan/hydrochlorothiazide (Avalide)								
Valsartan/hydrochlorothiazide (Diovan HCT)								
Candesartan/hydrochlorothiazide (Atacand HCT)								
Telmisartan/hydrochlorothiazide (Micardis HCT)								
Olmesartan/hydrochlorothiazide (Benicar HCT)				t				
ACE inhibitor + calcium channel blocker								
Benazepril/amlodipine (Lotrel)								
Trandolapril/verapamil (Tarka)								
ARB + calcium channel blocker								
Valsartan/amlodipine (Exforge)				t				
Telmisartan/amlodipine (Twynsta)								
Olmesartan/amlodipine (Azor)				t				
Beta blocker + thiazide diuretic								
Atenolol/chlorthalidone (Tenoretic)								
Bisoprolol/hydrochlorothiazide (Ziac)								
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	ŧ			‡				



	Medicaid/Medicaid Managed Care Organization (MCO) Plans						
Fixed Dose Combination Medication [*]	Anthem Blue Cross Blue Shield	Health Plan Nevada	Molina Healthcare of Nevada	SilverSummit Health Plan			
Other combinations							
Amiloride/hydrochlorothiazide (Moduretic)							
Spironolactone/hydrochlorothiazide (Aldactazide)							
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)							
Aliskiren/hydrochlorothiazide (Tekturna HCT)							
Triple combination							
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)				t			
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)				t			

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), azilsartan/chlorthalidone (Edarbyclor), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide)

[†]Step Therapy

⁺ Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Nevada Medicaid MCOs, please see <u>MCOMain</u> (nv.gov).



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

	Antinypertensive							
New Hampshire State Summary								
Data as of 4/5/2022								
Key: = Preferred /Tier 1 = Non-Preferred = Not Included								
		Managed Care Organ	ization (MCO) Plans					
Fixed Dose Combination Medication*	AmeriHealth Caritas New Hampshire	New Hampshire Healthy Families	Well Sense Health Plan					
ACE inhibitor + thiazide diuretic								
Benazepril/hydrochlorothiazide (Lotensin HCT)								
Enalapril/hydrochlorothiazide (Vaseretic)								
Fosinopril/hydrochlorothiazide (Monopril HCT)								
Lisinopril/hydrochlorothiazide (Zestoretic)								
Quinapril/hydrochlorothiazide (Accuretic)								
ARB + thiazide diuretic								
Candesartan/hydrochlorothiazide (Atacand HCT)								
Irbesartan/hydrochlorothiazide (Avalide)								
Losartan/hydrochlorothiazide (Hyzaar)								
Olmesartan/hydrochlorothiazide (Benicar HCT)								
Telmisartan/hydrochlorothiazide (Micardis HCT)								
Valsartan/hydrochlorothiazide (Diovan HCT)								
Azilsartan/chlorthalidone (Edarbyclor)	4		*					
ACE inhibitor + calcium channel blocker								
Benazepril/amlodipine (Lotrel)								
Trandolapril/verapamil (Tarka)								
Perindopril/amlodipine (Prestalia)			¥4					
ARB + calcium channel blocker								
Olmesartan/amlodipine (Azor)								
Telmisartan/amlodipine (Twynsta)								
Valsartan/amlodipine (Exforge)								
Beta blocker + thiazide diuretic								
Atenolol/chlorthalidone (Tenoretic)								
Bisoprolol/hydrochlorothiazide (Ziac)								
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)								



	Medicaid/Medicaid Managed Care Organization (MCO) Plans						
Fixed Dose Combination Medication*	AmeriHealth Caritas New Hampshire	New Hampshire Healthy Families	Well Sense Health Plan				
Other combinations							
Amiloride/hydrochlorothiazide (Moduretic)							
Spironolactone/hydrochlorothiazide (Aldactazide)							
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)							
Triple combination							
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)							
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)							

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), aliskiren/hydrochlorothiazide (Tekturna HCT), hydralazine/hydrochlorothiazide (Hydra-zide) [†] Prior authorization

[‡]Step Therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on New Hampshire Medicaid MCOs, please see <u>Medicaid</u> Care Management | New Hampshire Department of Health and Human Services (nh.gov).



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications New Jersey State Summary** Data as of 1/20/2022 = Preferred /Tier 1 = Non-Preferred = Not Included Key: Medicaid/Medicaid Managed Care Organization (MCO) Plans United **Fixed Dose Combination** Aetna Better Healthcare Amerigroup WellCare of Medication^{*} Health of Horizon NJ Community New Jersev **New Jersey New Jersey** Plan of New Jersey ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Fosinopril/hydrochlorothiazide (Monopril HCT) Quinapril/hydrochlorothiazide (Accuretic) Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Irbesartan/hydrochlorothiazide (Avalide) Candesartan/hydrochlorothiazide t (Atacand HCT) Olmesartan/hydrochlorothiazide t (Benicar HCT) Azilsartan/chlorthalidone É (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT) Other combinations Amiloride/hydrochlorothiazide (Moduretic) Spironolactone/hydrochlorothiazide (Aldactazide) Triamterene/hydrochlorothiazide (Maxzide, Dyazide) Hydralazine/hydrochlorothiazide (Hydra-zide)



* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: telmisartan/hydrochlorothiazide (Micardis HCT), perindopril/amlodipine (Prestalia), amlodipine/olmesartan(Azor), telmisartan/amlodipine (Twynsta), aliskiren/hydrochlorothiazide (Tekturna HCT), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor), valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)

[†] Step therapy

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on New Jersey Medicaid MCOs, please see <u>Department of Human Services | NJ Medicaid & Managed Care (state.nj.us)</u>.

() Hearts^{*}

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

New Mexico State Summary							
Data as of 4/5/2022							
Key: = Preferred /Tier 1 = Not Included							
		Managed Care Organ	ization (MCO) Plans				
Fixed Dose Combination Medication* Blue Cross Community Centennial Presbyterian Health Plan Western Sky Health Plan							
ACE inhibitor + thiazide diuretic							
Benazepril/hydrochlorothiazide (Lotensin HCT)							
Enalapril/hydrochlorothiazide (Vaseretic)							
Fosinopril/hydrochlorothiazide (Monopril HCT)							
Lisinopril/hydrochlorothiazide (Zestoretic)							
Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic							
Losartan/hydrochlorothiazide (Hyzaar)							
Irbesartan/hydrochlorothiazide (Avalide)		t					
Valsartan/hydrochlorothiazide (Diovan HCT)		t					
Olmesartan/hydrochlorothiazide (Benicar HCT)							
Candesartan/hydrochlorothiazide (Atacand HCT)		t					
Telmisartan/hydrochlorothiazide (Micardis HCT)							
ACE inhibitor + calcium channel blocker							
Benazepril/amlodipine (Lotrel)							
Trandolapril/verapamil (Tarka)							
ARB + calcium channel blocker							
Olmesartan/amlodipine (Azor)							
Telmisartan/amlodipine (Twynsta)							
Valsartan/amlodipine (Exforge)							
Beta blocker + thiazide diuretic							
Atenolol/chlorthalidone (Tenoretic)							
Bisoprolol/hydrochlorothiazide (Ziac)							
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)							



	Medicaid/Medicaid Managed Care Organization (MCO) Plans						
Fixed Dose Combination Medication [*]	Blue Cross Community Centennial	Presbyterian Health Plan	Western Sky Health Plan				
Other combinations							
Amiloride/hydrochlorothiazide (Moduretic)							
Spironolactone/hydrochlorothiazide (Aldactazide)							
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)							
Triple combination							
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)							
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)							

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), azilsartan/chlorthalidone (Edarbyclor), perindopril/amlodipine (Prestalia), aliskiren/hydrochlorothiazide (Tekturna HCT), hydralazine/hydrochlorothiazide (Hydra-zide)

[†]Step Therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on New Mexico Medicaid MCOs, please see <u>Managed</u> Care Organizations (MCOs), New Mexico (networkofcare.org).

() Hearts[®]

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications New York State Summary** Data as of 2/3/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans ę Empire BlueCross BlueShield (HealthPlus) Capital District Physician's Health Plan UnitedHealthCare Community Plan of NY MetroPlus Health Plar Molina Healthcare of New York **Excellus Health Plan** Independent Health Association BlueCross BlueShield Western New York **Jniversa Healthcare** Affinity Health Plan **MVP Health Plan VNSNY Choice** EmblemHealth Amida Care Fidelis Care **Fixed Dose Combination** HealthFirst **Medication*** ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Fosinopril/hydrochlorothiazide (Monopril HCT) Quinapril/hydrochlorothiazide (Accuretic) Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic Losartan/hydrochlorothiazide t (Hyzaar) Valsartan/hydrochlorothiazide t (Diovan HCT) Irbesartan/hydrochlorothiazide t (Avalide) Olmesartan/hydrochlorothiazide t (Benicar HCT) Candesartan/hydrochlorothiazide t (Atacand HCT) Telmisartan/hydrochlorothiazide t (Micardis HCT) Azilsartan/chlorthalidone ¥ (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Valsartan/amlodipine t (Exforge) Olmesartan/amlodipine t (Azor) Telmisartan/amlodipine t (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/ § § § § § § hydrochlorothiazide (Lopressor HCT)



	Medicaid/Medicaid Managed Care Organization (MCO) Plans															
Fixed Dose Combination Medication*	Affinity Health Plan	Amida Care	BlueCross BlueShield of Western New York	Capital District Physician's Health Plan	EmblemHealth	Empire BlueCross BlueShield (HealthPlus)	Excellus Health Plan	Fidelis Care	HealthFirst	Independent Health Association	MetroPlus Health Plan	Molina Healthcare of New York	MVP Health Plan	UnitedHealthCare Community Plan of NY	Universa Healthcare	VNSNY Choice
Other combinations																
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)																
Amiloride/hydrochlorothiazide (Moduretic)																
Spironolactone/hydrochlorothiazide (Aldactazide)																
Aliskiren/hydrochlorothiazide (Tekturna HCT)										t						
Triple combination																
Olmesartan/amlodipine/ hydrochlorothiazide (Tribenzor)		†														
Valsartan/amlodipine/ hydrochlorothiazide (Exforge HCT)		t														

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Step therapy

[‡] Prior authorization

[§] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on New York Medicaid MCOs, please see <u>Managed Care</u> <u>Organization (MCO) Directory by Plan (ny.gov)</u>.



(Exforge HCT)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications** North Carolina State Summary Data as of 2/2/2022 = Preferred = Non-Preferred Key: Medicaid/Medicaid Managed Care Organization (MCO) Plans Fixed Dose Combination Medication* North Carolina Medicaid ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Fosinopril/hydrochlorothiazide (Monopril HCT) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone (Edarbyclor) Candesartan/hydrochlorothiazide (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Telmisartan/amlodipine (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT) Other combinations Aliskiren/hydrochlorothiazide (Tekturna HCT) **Triple combination** Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor) Valsartan/amlodipine/hydrochlorothiazide

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic),



hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on North Carolina Medicaid drug coverage, please see <u>Preferred Drug List | NC Medicaid (ncdhhs.gov)</u>.



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

North Dakota State Summary Data as of 4/6/2022

Key: = Preferred

Medicaid/Medicaid Managed Care Organization (MCO) Plans[†] Fixed Dose Combination Medication* North Dakota Human Services ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Moexipril/hydrochlorothiazide (Uniretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Azilsartan/chlorthalidone (Edarbyclor) Valsartan/hydrochlorothiazide (Diovan HCT) Candesartan/hydrochlorothiazide ŧ (Atacand HCT) Losartan/hydrochlorothiazide ŧ (Hyzaar) Irbesartan/hydrochlorothiazide § (Avalide) Olmesartan/hydrochlorothiazide § (Benicar HCT) Telmisartan/hydrochlorothiazide ş (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Perindopril/amlodipine ş (Prestalia) Trandolapril/verapamil § (Tarka) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Telmisartan/amlodipine § (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†] North Dakota Human Services
Other combinations	
Amiloride/hydrochlorothiazide (Moduretic)	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	ş
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	\$
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	ş

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†]North Dakota Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization for some doses, see PDL for full details.

§ Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on North Dakota Medicaid drug coverage, please see Health Information Designs, LLC. » North Dakota (hidesigns.com).



	Combination Antihypertensive Medications						
		State Sum					
		as of 1/20/					
Key: = Preferred /Tier 1 = Non-Preferred = Not Included							
	Medica	id/Medicaid	Managed C	are Organiz	ation (MCO)	Plans ⁺	
Fixed Dose Combination Medication [*]	Buckeye Health Plan	CareSource	Medicaid Fee for Service	Molina Healthcare of Ohio	Paramount Advantage	UnitedHealthcare Community Plan of Ohio	
ACE inhibitor + thiazide diuretic							
Benazepril/hydrochlorothiazide (Lotensin HCT)							
Enalapril/hydrochlorothiazide							
(Vaseretic)							
Fosinopril/hydrochlorothiazide (Monopril HCT)							
Lisinopril/hydrochlorothiazide							
(Zestoretic)							
Quinapril/hydrochlorothiazide (Accuretic)							
ARB + thiazide diuretic							
Irbesartan/hydrochlorothiazide (Avalide)							
Losartan/hydrochlorothiazide (Hyzaar)							
Olmesartan/hydrochlorothiazide (Benicar HCT)							
Valsartan/hydrochlorothiazide (Diovan HCT)							
Azilsartan/chlorthalidone						*	
(Edarbyclor) Candesartan/hydrochlorothiazide							
(Atacand HCT)						4	
Telmisartan/hydrochlorothiazide (Micardis HCT)						#	
ACE inhibitor + calcium channel blocker							
Benazepril/amlodipine (Lotrel)							
Trandolapril/verapamil							
(Tarka)							
ARB + calcium channel blocker							
Olmesartan/amlodipine (Azor)							
Telmisartan/amlodipine							
(Twynsta)							
Valsartan/amlodipine (Exforge)							

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose


	Medica	id/Medicaid	Managed C	are Organiz	ation (MCO)	Plans [†]
Fixed Dose Combination Medication [*]	Buckeye Health Plan	CareSource	Medicaid Fee for Service	Molina Healthcare of Ohio	Paramount Advantage	UnitedHealthcare Community Plan of Ohio
Beta blocker + thiazide diuretic						
Atenolol/chlorthalidone (Tenoretic)						
Bisoprolol/hydrochlorothiazide (Ziac)						
Fosinopril/hydrochlorothiazide (Monopril HCT)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	ş	ş	§	ş	ş	ş
Other combinations						
Spironolactone/hydrochlorothiazide (Aldactazide)						
Amiloride/hydrochlorothiazide (Moduretic)						
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)						
Aliskiren/hydrochlorothiazide (Tekturna HCT)						*
Hydralazine/hydrochlorothiazide (Hydra-zide)						
Triple combination						
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)						
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)						

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia)

[†] Ohio Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries. Some plans provide coverage for additional drugs (supplementary) for their beneficiaries. The summary reflects available information for both the Ohio Medicaid preferred drug list and plan-specific supplementary coverage information.

[‡] Prior authorization

[§] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Ohio Medicaid drug coverage, please see <u>Ohio Unified</u> <u>Preferred Drug List | pharmacy.medicaid.ohio.gov</u>.

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

	ahoma State Summary Data as of 4/8/2022
Key: = Preferred /Tier 1 =	Non-Preferred
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans SoonerCare
ACE inhibitor + thiazide diuretic	
Benazepril/hydrochlorothiazide (Lotensin HCT)	
Enalapril/hydrochlorothiazide (Vaseretic)	
Fosinopril/hydrochlorothiazide (Monopril HCT)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Moexipril/hydrochlorothiazide (Uniretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
ARB + thiazide diuretic	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
Azilsartan/chlorthalidone (Edarbyclor)	4
Candesartan/hydrochlorothiazide (Atacand HCT)	4
Telmisartan/hydrochlorothiazide (Micardis HCT)	ŧ
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Perindopril/amlodipine (Prestalia)	t
Trandolapril/verapamil (Tarka)	ť
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
Telmisartan/amlodipine (Twynsta)	*
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	



Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans
Fixed Dose Combination Medication	SoonerCare
Other combinations	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	t
Triple combination	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	4

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), triamterene/hydrochlorothiazide (Maxzide, Dyazide) [†] Prior authorization

⁺ Prior authorizatio

[‡] Step Therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Oklahoma Medicaid MCOs, please see <u>Pharmacy</u> (oklahoma.gov).

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Dregon State Summary Data as of 4/5/2022 Key: = Preferred /Tier 1 = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans Fixed Dose Combination Medication Fixed Dose Combination Medication tig by	Combination Antihypertensive Medications												
Key: = Preferred /Tier 1 = Not Included Fixed Dose Combination Medication' Medicaid/Medicaid Managed Care Organization (MCO) Plans (Medication') use of the second sec		O					ry						
Medicald/Medicaid Managed Care Organization (MCO) Plans Fixed Dose Combination ug gas and			Data	as of	4/5/2	2022							
Fixed Dose Combination Medication* upper biology	Key: = Preferred /Tier 1	=	Not Ir	ncludeo	b								
ACE inhibitor + thiszide diuretic Image: Constraint of the state of		ľ	Medica	aid/Me	dicaid	Mana	aged C	Care O	rganiz	ation	(MCO) Plan	s
Lisingnilhydrochlorothiazide (Zestorelio) Castorelio Ca		Advanced Health	AllCare Health Plan	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share of Oregon	Intercommunity Health Network CCO	Jackson Care Connect	PacificSource Community Solutions	Trillium Community Health Plan	Umpqua Health Alliance	Yamhill Community Care
(Zestoreic) Image/in/ydochlorothiazide Image/in/ydochlorothiazide Image/in/ydochlorothiazide (Maseretic) Image/in/ydochlorothiazide Image/in/ydochlorothiazide Image/in/ydochlorothiazide Image/in/ydochlorothiazide (Lotensin HCT) Image/in/ydochlorothiazide Ima	ACE inhibitor + thiazide diuretic												
(Vasereic) Image: Control of the second	Lisinopril/hydrochlorothiazide (Zestoretic)												
(Lotensin HCT) Image: Contract of the second s													
(Monopril HCT) Image: Constraint of the second	(Lotensin HCT)												
(Accureite) Image: Constraint of the second sec	(Monopril HCT)												
(Uniretic) Image: Contract of the second	(Accuretic)												
Losartan/hydrochlorothiazide (Hyzar)IIIIIIIValsartan/hydrochlorothiazide (Dovan HCT)IIIIIIIIIrbesartan/hydrochlorothiazide (Avalide)IIIIIIIIIOlmesartan/hydrochlorothiazide (Benicar HCT)III	(Uniretic)												
(Diovan HCT) Image: Constraint of the second se	Losartan/hydrochlorothiazide												
(Avalide)Image: stant/hydrochlorothiazide (Benicar HCT)Image: stant/hydrochlorothiazide (Atacand HCT)Image: stant/hydrochlorothiazide (Atacand HCT)Image: stant/hydrochlorothiazide (Micardis HCT)Image: stant/hydrochlorothiazide (Balantan/amlodipine (Lotrel)Image: stant/hydrochlorothiazide (Micardis)Image: stant/hydrochlorothiazide (Micardis HCT)Image: stant/hydrochlorothiazide 					†		†		t			t	
(Benicar HCT) Image: Condesartan/hydrochlorothiazide (Atacand HCT) Image: Condesartan/hydrochlorothiazide (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Image: Condesartan/hydrochlorothiazide (Micardis HCT) Image: Condesartan/hydrochlorothiazide (Micardis HCT) Azilsartan/chlorthalidone (Edarbyclor) Image: Condesartan/hydrochlorothiazide (Micardis HCT) Image: Condesartan/hydrochlorothiazide (Micardis HCT) Azilsartan/chlorthalidone (Edarbyclor) Image: Condesartan/hydrochlorothiazide (Micardis HCT) Image: Condesartan/hydrochlorothiazide (Micardis HCT) ACE Inhibitor + calcium channel blocker Image: Condesartan/hydrochlorothiazide (Condesartan/amlodipine (Prestalia) Image: Condesartan/hydrochlorothiazide (Condesartan/amlodipine (Azor) Prandolapril/verapamil (Tarka) Image: Condesartan/amlodipine (Azor) Image: Condesartan/amlodipine (Azor) Image: Condesartan/amlodipine (Azor) Valsartan/amlodipine (Exforge) Image: Condesartan/amlodipine (Exforge) Image: Condesartan/amlodipine (Exforge) Image: Condesartan/amlodipine (Exforge)													
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(Micardis HCT) Image: Constraint of the second	(Atacand HCT)					t							
(Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Image: Constraint of the second s	(Micardis HCT)											t	
Benazepril/amlodipine (Lotrel) Image: Constraint of the second secon	(Edarbyclor)												
(Lotrel) Image: Constraint of the second													
(Prestalia) Image: Constraint of the second sec	(Lotrel)												
(Tarka) Image: Constraint of the second se	(Prestalia)												
Olmesartan/amlodipine Image: Constraint of the second se	(Tarka)												
Valsartan/amlodipine (Exforge) Image: Constraint of the second	Olmesartan/amlodipine												
Telmisartan/amlodipine	Valsartan/amlodipine												

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	N	Aedica	aid/Me	dicaid	Mana	nged C	Care O	rganiz	ation	(MCO)) Plans	s
Fixed Dose Combination Medication [*]	Advanced Health	AllCare Health Plan	Cascade Health Alliance	Columbia Pacific CCO	Eastern Oregon CCO	Health Share of Oregon	Intercommunity Health Network CCO	Jackson Care Connect	PacificSource Community Solutions	Trillium Community Health Plan	Umpqua Health Alliance	Yamhill Community Care
Beta blocker + thiazide diuretic												
Atenolol/chlorthalidone (Tenoretic)												
Bisoprolol/hydrochlorothiazide (Ziac)												
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)												
Other combinations												
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)												
Amiloride/hydrochlorothiazide (Moduretic)												
Spironolactone/hydrochlorothiazide (Aldactazide)												
Aliskiren/hydrochlorothiazide (Tekturna HCT)												
Triple combination												
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)												
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)												

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†]Step Therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Oregon Medicaid MCOs, please see <u>Oregon Health</u> Authority : CCO Plans : Oregon Health Plan : State of Oregon.



(Ziac)

(Lopressor HCT)

Metoprolol tartrate/hydrochlorothiazide

Combination Antihypertensive Medications Pennsylvania State Summary Data as of 1/20/22 = Preferred /Tier 1 = Non-Preferred Key: Medicaid/Medicaid Managed Care Organization (MCO) Plans[†] UnitedHealthcare Community Plan of Pennsylvania Aetna Better Health of Pennsylvania AmeriHealth Caritas Pennsylvania UPMC Health Plan Health Partners Plan Geisinger Health Plan Gateway Health Keystone First **Fixed Dose Combination** Medication* ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone (Edarbyclor) Candesartan/hydrochlorothiazide (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Olmesartan/amlodipine (Azor) Telmisartan/amlodipine (Twynsta) Valsartan/amlodipine (Exforge) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Med	Medicaid/Medicaid Managed Care Organization (MCO) Planst						ans⁺
Fixed Dose Combination Medication	Aetna Better Health of Pennsylvania	AmeriHealth Caritas Pennsylvania	Gateway Health	Geisinger Health Plan	Health Partners Plan	Keystone First	UnitedHealthcare Community Plan of Pennsylvania	UPMC Health Plan
Other combinations								
Amiloride/hydrochlorothiazide (Moduretic)								
Spironolactone/hydrochlorothiazide (Aldactazide)								
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)								
Aliskiren/hydrochlorothiazide (Tekturna HCT)								
Triple combination								
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)								
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)								

 The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide)
 Pennsylvania Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries. Some plans provide coverage for additional drugs (supplementary) for their beneficiaries. The summary reflects available information for both the Pennsylvania Medicaid preferred drug list and plan-specific supplementary coverage information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Pennsylvania Medicaid drug coverage, please see <u>Preferred Drug List (pa.gov)</u>.



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Fixed Dose Combination Medication Health Plan of Fixed Dose Combination Medication Com	
Fixed Dose Combination Medication* Medicaid/Medicaid Managed Care Organization (Neighborhood Health Plan of Rhode Island Tufts Health RITogether Unite Comin of Ri ACE inhibitor + thiazide diuretic	
Fixed Dose Combination Medication* Neighborhood Health Plan of Rhode Island Tufts Health RITogether Unite Cominity ACE inhibitor + thiazide diuretic	
Fixed Dose Combination Medication Health Plan of Rhode Island Turts Health RITogether Comin of RI ACE inhibitor + thiazide diuretic	
Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) Moexipril/hydrochlorothiazide (Uniretic)	dHealthcare nunity Plan node Island
(Lotensin HCT) Image: Constraint of the second	
(Vaseretic) Image: Constraint of the system of the sys	
(Monopril HCT) Image: Constraint of the second	
(Zestoretic) Image: Constraint of the sector of the se	
(Accuretic) Moexipril/hydrochlorothiazide (Uniretic)	
(Uniretic)	
APR , thiazida diuratia	
Losartan/hydrochlorothiazide	
(Hyzaar)	
Irbesartan/hydrochlorothiazide (Avalide)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
Candesartan/hydrochlorothiazide (Atacand HCT)	
Telmisartan/hydrochlorothiazide (Micardis HCT)	
Azilsartan/chlorthalidone (Edarbyclor)	*
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Valsartan/amlodipine (Exforge)	
Olmesartan/amlodipine t‡	
Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	



	Medicaid/Medicaid	Medicaid/Medicaid Managed Care Organization (MCO) Plan						
Fixed Dose Combination Medication [*]	Neighborhood Health Plan of Rhode Island	Tufts Health RITogether	UnitedHealthcare Community Plan of Rhode Island					
Other combinations								
Amiloride/hydrochlorothiazide (Moduretic)								
Spironolactone/hydrochlorothiazide (Aldactazide)								
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)								
Aliskiren/hydrochlorothiazide (Tekturna HCT)		t						
Triple combination								
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)								
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)		t						

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: perindopril/amlodipine (Prestalia), telmisartan/amlodipine (Twynsta), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

[‡] Step Therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Rhode Island Medicaid MCOs, please see <u>Medicaid</u> <u>Managed Care Contracts & Policy/Guidance Documents | Executive Office of Health and Human Services (ri.gov)</u>.



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications South Carolina State Summary

Data as of 3/22/2022					
Key: = Preferred /Tier 1	= Not Inc	luded			
	Medicaio	/Medicaid Mar	naged Care Org	nanization (MC	O) Plans
Fixed Dose Combination Medication [*]	Absolute Total Care	First Choice by Select Health of South Carolina	Healthy Blue by Bluechoice of SC	Humana Healthy Horizons	Molina Healthcare of South Carolina
ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT)					
Enalapril/hydrochlorothiazide (Vaseretic)					
Fosinopril/hydrochlorothiazide (Monopril HCT)					
Lisinopril/hydrochlorothiazide (Zestoretic)					
Quinapril/hydrochlorothiazide (Accuretic)					
ARB + thiazide diuretic Losartan/hydrochlorothiazide (Hyzaar)					
Irbesartan/hydrochlorothiazide (Avalide)		t			
Valsartan/hydrochlorothiazide (Diovan HCT)		t			
Olmesartan/hydrochlorothiazide (Benicar HCT)	t	t			
Candesartan/hydrochlorothiazide (Atacand HCT)					
Telmisartan/hydrochlorothiazide (Micardis HCT)					
ACE inhibitor + calcium channel blocker					
Benazepril/amlodipine (Lotrel)					
Trandolapril/verapamil (Tarka)					
ARB + calcium channel blocker					
Valsartan/amlodipine (Exforge)	†	†			
Telmisartan/amlodipine (Twynsta)					
Olmesartan/amlodipine (Azor)	t				
Beta blocker + thiazide diuretic					
Atenolol/chlorthalidone (Tenoretic)					
Bisoprolol/hydrochlorothiazide (Ziac)					
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)			ŧ		



Fixed Dose Combination Medication [*]	Absolute Total Care	First Choice by Select Health of South Carolina	Healthy Blue by Bluechoice of SC	Humana Healthy Horizons	Molina Healthcare of South Carolina
Other combinations					
Amiloride/hydrochlorothiazide (Moduretic)					
Spironolactone/hydrochlorothiazide (Aldactazide)					
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)					
Triple combination					
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	t				
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	t				

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), azilsartan/chlorthalidone (Edarbyclor), perindopril/amlodipine (Prestalia), aliskiren/hydrochlorothiazide (Tekturna HCT), hydralazine/hydrochlorothiazide (Hydra-zide)

Step therapy

⁺ Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from Kaiser Family Foundation and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on South Carolina Medicaid MCOs, please see Pharmacy Managed Care (scdhhs.gov).



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

South Dakota State Summary Data as of 5/19/2022

Key: = Covered^{*}

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	South Dakota Medicaid
ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide	
(Lotensin HCT)	
Enalapril/hydrochlorothiazide (Vaseretic)	
Fosinopril/hydrochlorothiazide (Monopril HCT)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Moexipril/hydrochlorothiazide (Uniretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
ARB + thiazide diuretic	
Candesartan/hydrochlorothiazide (Atacand HCT)	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Telmisartan/hydrochlorothiazide (Micardis HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
Azilsartan/chlorthalidone (Edarbyclor)	t
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Perindopril/amlodipine (Prestalia)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Telmisartan/amlodipine (Twynsta)	
Valsartan/amlodipine (Exforge)	
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	+

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans South Dakota Medicaid
Other combinations	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	
Amiloride/hydrochlorothiazide (Moduretic)	
Hydralazine/hydrochlorothiazide (Hydra-zide)	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	

* South Dakota <u>does not utilize a preferred drug list (PDL)</u> and allows pharmacies to dispense any FDA approved drug with a federal rebate agreement within a class. South Dakota Medicaid requires <u>Prior Authorization for certain drugs</u> which is reflected in this summary. [†] Prior authorization

⁺ Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on South Dakota Medicaid drug coverage, please see <u>Pharmacy_Services.pdf (sd.gov)</u>.

() Hearts[®]

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications Tennessee State Summary** Data as of 3/17/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization Plans Fixed Dose Combination Medication* TennCare ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Fosinopril/hydrochlorothiazide (Monopril HCT) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone (Edarbyclor) Candesartan/hydrochlorothiazide (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Perindopril/amlodipine (Prestalia) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Olmesartan/amlodipine (Azor) Telmisartan/amlodipine (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans TennCare
Other combinations	
Amiloride/hydrochlorothiazide (Moduretic)	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	
Triple combination	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), hydralazine/hydrochlorothiazide (Hydra-zide)

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Tennessee Medicaid drug coverage, please see <u>Pharmacy (tn.gov)</u>.

() Hearts^{*}

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Texas State Summary

Data as of 3/18/2022

Key:

= Preferred

= Non-Preferred

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]
	Texas Drug Code Index
ACE inhibitor + thiazide diuretic Enalapril/hydrochlorothiazide	
(Vaseretic)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Benazepril/hydrochlorothiazide (Lotensin HCT)	÷
Fosinopril/hydrochlorothiazide (Monopril HCT)	4
Quinapril/hydrochlorothiazide (Accuretic)	4
ARB + thiazide diuretic	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Azilsartan/chlorthalidone (Edarbyclor)	4
Candesartan/hydrochlorothiazide (Atacand HCT)	t t
Olmesartan/hydrochlorothiazide (Benicar HCT)	4
Telmisartan/hydrochlorothiazide (Micardis HCT)	\$
Valsartan/hydrochlorothiazide (Diovan HCT)	‡
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Trandolapril/verapamil (Tarka)	4
ARB + calcium channel blocker	
Valsartan/amlodipine (Exforge)	
Olmesartan/amlodipine (Azor)	4
Telmisartan/amlodipine (Twynsta)	4
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	‡
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	4
Other combinations	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	‡

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]
	Texas Drug Code Index
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	*
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	*

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Texas Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Texas Medicaid drug coverage, please see <u>Preferred</u> <u>Drugs | Vendor Drug Program (txvendordrug.com)</u>.



Combination Antihypertensive Medications Utah State Summary Data as of 4/6/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans **Fixed Dose Combination** Molina SelectHealth **Health Choice** Medication* Healthy U Healthcare of Community Utah Utah Plan ACE inhibitor + thiazide diuretic Lisinopril/hydrochlorothiazide (Zestoretic) Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Losartan/hydrochlorothiazide (Hyzaar) Valsartan/hydrochlorothiazide (Diovan HCT) Irbesartan/hydrochlorothiazide (Avalide) Olmesartan/hydrochlorothiazide (Benicar HCT) Candesartan/hydrochlorothiazide (Atacand HCT) Telmisartan/hydrochlorothiazide (Micardis HCT) Azilsartan/chlorthalidone X (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil (Tarka) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Olmesartan/amlodipine (Azor) Telmisartan/amlodipine (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
Fixed Dose Combination Medication [*]	Health Choice Utah Healthy U		Molina Healthcare of Utah	SelectHealth Community Plan
Other combinations				
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)				
Amiloride/hydrochlorothiazide (Moduretic)				
Spironolactone/hydrochlorothiazide (Aldactazide)				
Aliskiren/hydrochlorothiazide (Tekturna HCT)				
Triple combination				
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)				
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)				

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), hydralazine/hydrochlorothiazide (Hydra-zide) [†] Prior authorization

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Utah Medicaid MCOs, please see <u>Managed Care - Utah</u> Department of Health Medicaid.

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications** Vermont State Summary Data as of 4/6/2022 Key: = Preferred = Non-Preferred Medicaid/Medicaid Managed Care Organization (MCO) Plans[†] Fixed Dose Combination Medication* Vermont Medicaid ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone £. (Edarbyclor) Candesartan/hydrochlorothiazide £. (Atacand HCT) Telmisartan/hydrochlorothiazide Æ. (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil ¥ (Tarka) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Olmesartan/amlodipine ÚÉ) (Azor) Telmisartan/amlodipine ¥. (Twynsta) Beta blocker + thiazide diuretic Atenolol/chlorthalidone (Tenoretic) Bisoprolol/hydrochlorothiazide (Ziac) Metoprolol tartrate/hydrochlorothiazide § (Lopressor HCT) Other combinations Aliskiren/hydrochlorothiazide ¥ (Tekturna HCT)



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†]
Fixed Dose Combination Medication	Vermont Medicaid
Triple combination	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	*

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: Moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide,

Dyazide)

[†] Vermont Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

[‡] Prior authorization

[§] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Vermont Medicaid drug coverage, please see <u>Preferred</u> Drug List (PDL) & Clinical Criteria | Department of Vermont Health Access.



Virginia State Summary Data as of 3/17/2022 Key: = Preferred = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans UnitedHealthcare Community Plan of Virginia Health of Virginia Molina Complete Virginia Premier HealthKeepers **Optima Health** Aetna Better Anthem **Fixed Dose Combination** Plus Care Medication* ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Lisinopril/hydrochlorothiazide (Zestoretic) Fosinopril/hydrochlorothiazide \mathbf{t} t (Monopril HCT) Quinapril/hydrochlorothiazide Ŕ Ŕ t (Accuretic) Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hydrochlorothiazide (Diovan HCT) Candesartan/hydrochlorothiazide ŧ t £ (Atacand HCT) Telmisartan/hvdrochlorothiazide + * A. (Micardis HCT) Azilsartan/chlorthalidone 4 \mathbf{A} Ť (Edarbyclor) ACE inhibitor + calcium channel blocker Benazepril/amlodipine (Lotrel) Trandolapril/verapamil \mathbf{f} Ŕ Ť (Tarka) Perindopril/amlodipine Ŕ (Prestalia) ARB + calcium channel blocker Valsartan/amlodipine (Exforge) Olmesartan/amlodipine t (Azor) Telmisartan/amlodipine Ŕ X 4 (Twynsta)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose **Combination Antihypertensive Medications**



	Medica	id/Medicaid	Managed C	are Organiz	ation (MCO)) Plans
Fixed Dose Combination Medication [*]	Aetna Better Health of Virginia	Anthem HealthKeepers Plus	Molina Complete Care	Optima Health	UnitedHealthcare Community Plan of Virginia	Virginia Premier
Beta blocker + thiazide diuretic						
Atenolol/chlorthalidone (Tenoretic)						
Bisoprolol/hydrochlorothiazide (Ziac)						
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)				+	†\$	
Other combinations						
Amiloride/hydrochlorothiazide (Moduretic)						
Spironolactone/hydrochlorothiazide (Aldactazide)						
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)						
Aliskiren/hydrochlorothiazide (Tekturna HCT)			t	4	4	
Triple combination						
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)			4	4	*	ŧ
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)			*	+	Ŧ	

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

[‡] Step therapy

[§] Metoprolol/hydrochlorothiazide is non-preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Virginia Medicaid MCOs, please see <u>Compare Plans | Virginia Managed Care</u>.



Combination Antihypertensive Medications Washington State Summary Data as of 3/17/2022 Key: = Preferred /Tier 1 = Non-Preferred = Not Included Medicaid/Medicaid Managed Care Organization (MCO) Plans United Community Molina **Fixed Dose Combination** Coordinated Healthcare Health Plan Healthcare Amerigroup **Medication*** Community Care Washington of of Corporation Plan of Washington Washington Washington ACE inhibitor + thiazide diuretic Benazepril/hydrochlorothiazide (Lotensin HCT) Enalapril/hydrochlorothiazide (Vaseretic) Fosinopril/hydrochlorothiazide (Monopril HCT) Lisinopril/hydrochlorothiazide (Zestoretic) Quinapril/hydrochlorothiazide (Accuretic) ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide) Losartan/hydrochlorothiazide (Hyzaar) Olmesartan/hydrochlorothiazide (Benicar HCT) Valsartan/hvdrochlorothiazide (Diovan HCT) Azilsartan/chlorthalidone X X X X X (Edarbyclor) Candesartan/hydrochlorothiazide X \mathbf{f} X X X (Atacand HCT) Telmisartan/hydrochlorothiazide K X X X X (Micardis HCT) ACE inhibitor + calcium channel blocker Benazepril/amlodipine t t t t t (Lotrel) Trandolapril/verapamil ¥. X A. ¥ X (Tarka) Perindopril/amlodipine X X £. (Prestalia) ARB + calcium channel blocker Valsartan/amlodipine t t t t t (Exforge) Olmesartan/amlodipine £ £ \mathcal{F} 4 4 (Azor) Telmisartan/amlodipine X £. X X X (Twynsta)

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose



	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
Fixed Dose Combination Medication [*]	Amerigroup Washington	Community Health Plan of Washington	Coordinated Care Corporation	Molina Healthcare of Washington	United Healthcare Community Plan of Washington
Beta blocker + thiazide diuretic					
Atenolol/chlorthalidone (Tenoretic)					
Bisoprolol/hydrochlorothiazide (Ziac)					
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)			+		+
Other combinations					
Amiloride/hydrochlorothiazide (Moduretic)					
Spironolactone/hydrochlorothiazide (Aldactazide)					
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)					
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4	4	4	4	4
Triple combination					
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	*	*	4	4	*
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	*	*	*	*	*

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), hydralazine/hydrochlorothiazide (Hydra-zide)

[†] Prior authorization

[‡] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Washington Medicaid MCOs, please see <u>Apple Health</u> managed care | Washington State Health Care Authority.



Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications Washington, DC Summary

Was	hington, DC Sum	nary		
	Data as of 2/2/2022	2		
Key: = Preferred /Tier 1 = Not Included				
	Medicaid/Medicaid	Managed Care Organ	ization (MCO) Plans	
Fixed Dose Combination Medication [*]	AmeriHealth Caritas DC	CareFirst Community Health Plan	MedStar Family Choice DC	
ACE inhibitor + thiazide diuretic				
Benazepril/hydrochlorothiazide (Lotensin HCT)				
Enalapril/hydrochlorothiazide (Vaseretic)				
Lisinopril/hydrochlorothiazide (Zestoretic)				
Fosinopril/hydrochlorothiazide (Monopril HCT)				
Quinapril/hydrochlorothiazide (Accuretic)				
Moexipril/hydrochlorothiazide (Uniretic) ARB + thiazide diuretic				
Losartan/hydrochlorothiazide (Hyzaar)				
Irbesartan/hydrochlorothiazide (Avalide)	t			
Olmesartan/hydrochlorothiazide (Benicar HCT)	t			
Valsartan/hydrochlorothiazide (Diovan HCT)	t			
Candesartan/hydrochlorothiazide (Atacand HCT)				
Telmisartan/hydrochlorothiazide (Micardis HCT) ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine				
(Lotrel)				
Trandolapril/verapamil (Tarka)				
ARB + calcium channel blocker				
Olmesartan/amlodipine (Azor)				
Valsartan/amlodipine (Exforge)	t			
Beta blocker + thiazide diuretic Bisoprolol/hydrochlorothiazide				
(Ziac) Atenolol/chlorthalidone (Tenoretic)				
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)				
Other combinations				
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)				
Amiloride/hydrochlorothiazide (Moduretic)				
Spironolactone/hydrochlorothiazide (Aldactazide)				
Aliskiren/hydrochlorothiazide (Tekturna HCT)				



	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
Fixed Dose Combination Medication	AmeriHealth Caritas DC	CareFirst Community Health Plan	MedStar Family Choice DC		
Triple combination					
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)					

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: azilsartan/chlorthalidone (Edarbyclor), perindopril/amlodipine (Prestalia), telmisartan/amlodipine (Twynsta), hydralazine/hydrochlorothiazide (Hydra-zide), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)

[†] Step therapy

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Washington, D.C. Medicaid MCOs, please see <u>Medicaid Managed Care Organizations (MCOs) | dhcf.</u>

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications				
	/irginia State Summary			
Data as of 2/3/2022				
L	Jala as 01 2/3/2022			
Key: = Preferred = Non-Preferred				
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans West Virginia Medicaid			
ACE inhibitor + thiazide diuretic				
Benazepril/hydrochlorothiazide (Lotensin HCT)				
Enalapril/hydrochlorothiazide (Vaseretic)				
Fosinopril/hydrochlorothiazide (Monopril HCT)				
Lisinopril/hydrochlorothiazide (Zestoretic)				
Quinapril/hydrochlorothiazide (Accuretic)				
ARB + thiazide diuretic Irbesartan/hydrochlorothiazide (Avalide)				
Losartan/hydrochlorothiazide (Hyzaar)				
Olmesartan/hydrochlorothiazide (Benicar HCT)				
Valsartan/hydrochlorothiazide (Diovan HCT)				
Azilsartan/chlorthalidone (Edarbyclor)				
Candesartan/hydrochlorothiazide (Atacand HCT)				
Telmisartan/hydrochlorothiazide (Micardis HCT)				
ACE inhibitor + calcium channel blocker Benazepril/amlodipine				
(Lotrel)				
Trandolapril/verapamil (Tarka)				
ARB + calcium channel blocker Olmesartan/amlodipine				
(Azor)				
Valsartan/amlodipine (Exforge)				
Telmisartan/amlodipine				
(Twynsta) Beta blocker + thiazide diuretic				
Atenolol/chlorthalidone				
(Tenoretic) Bisoprolol/hydrochlorothiazide				
(Ziac) Metoprolol tartrate/hydrochlorothiazide	t			
(Lopressor HCT) Other combinations				
Aliskiren/hydrochlorothiazide (Tekturna HCT)				
Triple combination				
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)				
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)				

* The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), perindopril/amlodipine (Prestalia), amiloride/hydrochlorothiazide (Moduretic),



hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Metoprolol/hydrochlorothiazide is preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on West Virginia Medicaid drug coverage, please see <u>Preferred Drug List and Coverage Details (wv.gov</u>).

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications				
Wisconsin State Summary				
Data as of 3/17/2022 Key: = Preferred				
				Fixed Dose Combination Medication* Medicaid/Medicaid Managed Care Organization (MCO) Plan Wisconsin Medicaid
ACE inhibitor + thiazide diuretic				
Enalapril/hydrochlorothiazide (Vaseretic)				
Lisinopril/hydrochlorothiazide (Zestoretic)				
Benazepril/hydrochlorothiazide (Lotensin HCT)	t			
Fosinopril/hydrochlorothiazide (Monopril HCT)	4			
Quinapril/hydrochlorothiazide (Accuretic)	t			
ARB + thiazide diuretic				
Irbesartan/hydrochlorothiazide (Avalide)				
Losartan/hydrochlorothiazide (Hyzaar)				
Olmesartan/hydrochlorothiazide (Benicar HCT)				
Valsartan/hydrochlorothiazide (Diovan HCT)				
Azilsartan/chlorthalidone (Edarbyclor)	+			
Candesartan/hydrochlorothiazide (Atacand HCT)	t			
Telmisartan/hydrochlorothiazide (Micardis HCT)	4			
ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine (Lotrel)				
Perindopril/amlodipine (Prestalia)	t			
Trandolapril/verapamil (Tarka)	×			
ARB + calcium channel blocker Olmesartan/amlodipine (Azor)				
Valsartan/amlodipine (Exforge)				
Telmisartan/amlodipine (Twynsta)	4			
Beta blocker + thiazide diuretic				
Atenolol/chlorthalidone (Tenoretic)				
Bisoprolol/hydrochlorothiazide (Ziac)				
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT) Other combinations	**			
Aliskiren/hydrochlorothiazide (Tekturna HCT)	4			



Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
Fixed Dose Combination Medication	Wisconsin Medicaid
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: moexipril/hydrochlorothiazide (Uniretic), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

[†] Prior authorization

⁺ Metoprolol/hydrochlorothiazide is non-preferred but distinction between succinate and tartrate was not provided. Available information indicates that metoprolol succinate/hydrochlorothiazide has been discontinued from the market. This suggests that

metoprolol/hydrochlorothiazide refers to metoprolol tartrate/hydrochlorothiazide, but this could not be confirmed with available information.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred or 'highest' level of coverage with restrictions; non-preferred; and not included on PDL) across plans. Preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Wisconsin Medicaid drug coverage, please see ForwardHealth Provider Type: 24, Pharmacy (wi.gov).

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Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Wyoming State Summary	
Data as of 4/6/2022	
Key: = Preferred = Non-Preferred	
Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans [†] Wyoming Medicaid
ARB + thiazide diuretic	
Azilsartan/chlorthalidone (Edarbyclor)	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Olmesartan/hydrochlorothiazide (Benicar HCT)	
Valsartan/hydrochlorothiazide (Diovan HCT)	
Candesartan/hydrochlorothiazide (Atacand HCT)	
Telmisartan/hydrochlorothiazide (Micardis HCT)	

^{*} The following fixed-dosed combination medications are not included in any Medicaid and Medicaid Managed Care Organizations plans: benazepril/hydrochlorothiazide (Lotensin HCT), enalapril/hydrochlorothiazide (Vaseretic), fosinopril/hydrochlorothiazide (Monopril HCT), lisinopril/hydrochlorothiazide (Zestoretic), moexipril/hydrochlorothiazide (Uniretic), quinapril/hydrochlorothiazide (Accuretic), benazepril/amlodipine (Lotrel), perindopril/amlodipine (Prestalia), trandolapril/verapamil (Tarka), olmesartan/amlodipine (Azor), valsartan/amlodipine (Exforge), telmisartan/amlodipine (Twynsta), atenolol/chlorothiazide (Tenoretic), bisoprolol/hydrochlorothiazide (Ziac), metoprolol tartrate/hydrochlorothiazide (Lopressor HCT), aliskiren/hydrochlorothiazide (Tekturna HCT), amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), spironolactone/hydrochlorothiazide (Aldactazide), triamterene/hydrochlorothiazide (Maxzide, Dyazide), olmesartan/amlodipine/hydrochlorothiazide (Tribenzor), valsartan/amlodipine/hydrochlorothiazide (Exforge HCT) [†] Wyoming Medicaid utilizes a single preferred drug list for all Medicaid beneficiaries.

Methodology

The list of active Medicaid MCOs in the 50 states and Washington, D.C. was determined by Medicaid MCO Enrollment by Plan and Parent Firm, March 2021 from <u>Kaiser Family Foundation</u> and cross-walked with publicly available information available on state Medicaid websites for updates. State Medicaid or managed care organization plan websites were used to access formularies or preferred drug lists (PDLs). Two public health researchers independently reviewed and coded coverage for 39 FDA-approved fixed dose combination antihypertensive medications for each PDL (final summary excludes 10 discontinued medications). Coding discrepancies were addressed by an independent reviewer using the PDL. After reconciliation, coverage statuses were categorized into four overarching categories (preferred or 'highest' level of coverage; preferred drugs generally have the lowest associated beneficiary costs whereas non-preferred drugs or those not included on the PDL tend to have higher costs for the beneficiary. Non-preferred or not included status here does not necessarily reflect a drug not being covered. For more information on Wyoming Medicaid drug coverage, please see <u>Preferred Drug List | Wyoming Department of Health (wymedicaid.org)</u>.