

PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	<u>Metoprolol Succinate ER-HCTZ</u>
POLICY #	11139
INDICATIONS	Metoprolol Succinate ER-HCTZ is indicated for the treatment of hypertension, to lower blood pressure.
CRITERIA	<p>Metoprolol Succinate ER-HCTZ is covered only if the following prior authorization criteria are met:</p> <ul style="list-style-type: none"> • Patient has clinically documented hypertension <p>AND</p> <ul style="list-style-type: none"> • An intolerance to, or treatment failure of, a trial of two of the following medications <ul style="list-style-type: none"> ○ atenolol (Tenormin) ○ bisoprolol (Zebeta) ○ INNOPRAN XL ○ nadolol (Corgard) ○ propranolol/propranolol ER (Inderal/LA) <p>AND</p> <ul style="list-style-type: none"> ○ metoprolol (Lopressor) ○ metoprolol succinate (Toprol XL) <p>AND</p> <ul style="list-style-type: none"> ○ Hydrochlorothiazide
REFERENCES	Facts & Comparisons Online
P&T REVIEW HISTORY	5/17, 1/18
REVISION RECORD	