

Why were these medications chosen as the preferred agents?

Pharmacokinetic profiles, availability in combination formulations, and 2024 payor preferences were all considered when choosing agents to be included in this list.

	NYRX Medicaid Coverage w/o Prior Authorization (2024)?	Available in combination formulations?	Considerations
Angiotensin Receptor Blockers (ARB)			
Olmesartan	Yes	Yes, with thiazides and calcium channel blockers	Consider ARB for most patients given lower risk of angioedema and less drug-induced cough Longer half-life than losartan Some alternative long acting ARB options may require prior authorization depending on payor (ie irbesartan, telmisartan). Use the Cost Estimator Function at bottom of the 2023 MSHS Hypertension SmartSet to determine drug coverage.
Angiotensin Converting Enzyme Inhibitors (ACEi)			
Benazepril	Yes	Yes, with thiazides and calcium channel blockers	Available in combination formulations with thiazides and calcium channel blockers
Calcium Channel Blockers (CCB)			
Amlodipine	Yes	Yes, with thiazides, ACEi, and ARB	Prolonged half-life compared to other agents in this class
Thiazide Diuretics			
Chlorthalidone	Yes	No	Prolonged half-life and increased potency compared to other agents in this class

Combination Tablets

Consider starting with two agents for BP \geq 150/90 mmHg or 20/10 mmHg above goal

ACEi + CCB	Amlodipine-Benazepril	ARB + Thiazide	Olmesartan-HCTZ
ACEi + Thiazide	Benazepril-HCTZ	ARB + CCB + Thiazide	Amlodipine-Valsartan-HCTZ*
ARB + CCB	Amlodipine-Olmesartan		Amlodipine-Olmesartan-HCTZ**

*Available as brand name Exforge HCT **without PA** through 2024 NYRx Medicaid

Available as brand name Tribenzor through 2024 NYRx Medicaid **with PA, but PA may not be required for all payers