



# Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
10/1/2023

**Date of Origin**  
7/1/2015

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

## REFERENCES

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Valsartan Oral Soln	4 MG/ML	2400	mLs	30	DAYS			
Atacand	Candesartan Cilexetil Tab 16 MG	16 MG	60	Tablets	30	DAYS			
Atacand	Candesartan Cilexetil Tab 32 MG	32 MG	30	Tablets	30	DAYS			
Atacand	Candesartan Cilexetil Tab 4 MG	4 MG	60	Tablets	30	DAYS			
Atacand	Candesartan Cilexetil Tab 8 MG	8 MG	60	Tablets	30	DAYS			
Atacand hct	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	16-12.5 MG	30	Tablets	30	DAYS			
Atacand hct	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	32-12.5 MG	30	Tablets	30	DAYS			
Atacand hct	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	32-25 MG	30	Tablets	30	DAYS			
Avalide	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	150-12.5 MG	30	Tablets	30	DAYS			
Avalide	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	300-12.5 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Avapro	Irbesartan Tab 150 MG	150 MG	30	Tablets	30	DAYS			
Avapro	Irbesartan Tab 300 MG	300 MG	30	Tablets	30	DAYS			
Avapro	Irbesartan Tab 75 MG	75 MG	30	Tablets	30	DAYS			
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	10-20 MG	30	Tablets	30	DAYS			
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	10-40 MG	30	Tablets	30	DAYS			
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	5-20 MG	30	Tablets	30	DAYS			
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	5-40 MG	30	Tablets	30	DAYS			
Benicar	Olmesartan Medoxomil Tab 20 MG	20 MG	30	Tablets	30	DAYS			
Benicar	Olmesartan Medoxomil Tab 40 MG	40 MG	30	Tablets	30	DAYS			
Benicar	Olmesartan Medoxomil Tab 5 MG	5 MG	60	Tablets	30	DAYS			
Benicar hct	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	20-12.5 MG	30	Tablets	30	DAYS			
Benicar hct	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	40-12.5 MG	30	Tablets	30	DAYS			
Benicar hct	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	40-25 MG	30	Tablets	30	DAYS			
Cozaar	Losartan Potassium Tab 100 MG	100 MG	30	Tablets	30	DAYS			
Cozaar	Losartan Potassium Tab 25 MG	25 MG	60	Tablets	30	DAYS			
Cozaar	Losartan Potassium Tab 50 MG	50 MG	60	Tablets	30	DAYS			
Diovan	Valsartan Tab 160 MG	160 MG	60	Tablets	30	DAYS			
Diovan	Valsartan Tab 320 MG	320 MG	30	Tablets	30	DAYS			
Diovan	Valsartan Tab 40 MG	40 MG	60	Tablets	30	DAYS			
Diovan	Valsartan Tab 80 MG	80 MG	60	Tablets	30	DAYS			
Diovan hct	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	160-12.5 MG	30	Tablets	30	DAYS			
Diovan hct	Valsartan-Hydrochlorothiazide Tab 160-25 MG	160-25 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Diovan hct	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	320-12.5 MG	30	Tablets	30	DAYS			
Diovan hct	Valsartan-Hydrochlorothiazide Tab 320-25 MG	320-25 MG	30	Tablets	30	DAYS			
Diovan hct	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	80-12.5 MG	30	Tablets	30	DAYS			
Edarbi	Azilsartan Medoxomil Tab 40 MG	40 MG	30	Tablets	30	DAYS			
Edarbi	Azilsartan Medoxomil Tab 80 MG	80 MG	30	Tablets	30	DAYS			
Edarbyclor	Azilsartan Medoxomil-Chlorthalidone Tab 40-12.5 MG	40-12.5 MG	30	Tablets	30	DAYS			
Edarbyclor	Azilsartan Medoxomil-Chlorthalidone Tab 40-25 MG	40-25 MG	30	Tablets	30	DAYS			
Exforge	Amlodipine Besylate-Valsartan Tab 10-160 MG	10-160 MG	30	Tablets	30	DAYS			
Exforge	Amlodipine Besylate-Valsartan Tab 10-320 MG	10-320 MG	30	Tablets	30	DAYS			
Exforge	Amlodipine Besylate-Valsartan Tab 5-160 MG	5-160 MG	30	Tablets	30	DAYS			
Exforge	Amlodipine Besylate-Valsartan Tab 5-320 MG	5-320 MG	30	Tablets	30	DAYS			
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	10-160-12.5 MG	30	Tablets	30	DAYS			
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	10-160-25 MG	30	Tablets	30	DAYS			
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	10-320-25 MG	30	Tablets	30	DAYS			
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	5-160-12.5 MG	30	Tablets	30	DAYS			
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	5-160-25 MG	30	Tablets	30	DAYS			
Hyzaar	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	100-12.5 MG	30	Tablets	30	DAYS			
Hyzaar	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	100-25 MG	30	Tablets	30	DAYS			
Hyzaar	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	50-12.5 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Micardis	Telmisartan Tab 20 MG	20 MG	30	Tablets	30	DAYS			
Micardis	Telmisartan Tab 40 MG	40 MG	30	Tablets	30	DAYS			
Micardis	Telmisartan Tab 80 MG	80 MG	30	Tablets	30	DAYS			
Micardis hct	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	40-12.5 MG	30	Tablets	30	DAYS			
Micardis hct	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	80-12.5 MG	60	Tablets	30	DAYS			
Micardis hct	Telmisartan-Hydrochlorothiazide Tab 80-25 MG	80-25 MG	30	Tablets	30	DAYS			
Tekturna	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	150 MG	30	Tablets	30	DAYS			
Tekturna	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	300 MG	30	Tablets	30	DAYS			
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	150-12.5 MG	30	Tablets	30	DAYS			
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 150-25 MG	150-25 MG	30	Tablets	30	DAYS			
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	300-12.5 MG	30	Tablets	30	DAYS			
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 300-25 MG	300-25 MG	30	Tablets	30	DAYS			
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	20-5-12.5 MG	30	Tablets	30	DAYS			
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	40-10-12.5 MG	30	Tablets	30	DAYS			
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	40-10-25 MG	30	Tablets	30	DAYS			
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	40-5-12.5 MG	30	Tablets	30	DAYS			
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	40-5-25 MG	30	Tablets	30	DAYS			
Twynsta	Telmisartan-Amlodipine Tab 40-10 MG	40-10 MG	30	Tablets	30	DAYS			
Twynsta	Telmisartan-Amlodipine Tab 40-5 MG	40-5 MG	30	Tablets	30	DAYS			
Twynsta	Telmisartan-Amlodipine Tab 80-10 MG	80-10 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Twynsta	Telmisartan-Amlodipine Tab 80-5 MG	80-5 MG	30	Tablets	30	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Valsartan Oral Soln	4 MG/ML	Medicaid
Atacand	Candesartan Cilexetil Tab 16 MG	16 MG	Medicaid
Atacand	Candesartan Cilexetil Tab 32 MG	32 MG	Medicaid
Atacand	Candesartan Cilexetil Tab 4 MG	4 MG	Medicaid
Atacand	Candesartan Cilexetil Tab 8 MG	8 MG	Medicaid
Atacand hct	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	16-12.5 MG	Medicaid
Atacand hct	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	32-12.5 MG	Medicaid
Atacand hct	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	32-25 MG	Medicaid
Avalide	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	150-12.5 MG	Medicaid
Avalide	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	300-12.5 MG	Medicaid
Avapro	Irbesartan Tab 150 MG	150 MG	Medicaid
Avapro	Irbesartan Tab 300 MG	300 MG	Medicaid
Avapro	Irbesartan Tab 75 MG	75 MG	Medicaid
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	10-20 MG	Medicaid
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	10-40 MG	Medicaid
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	5-20 MG	Medicaid
Azor	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	5-40 MG	Medicaid
Benicar	Olmesartan Medoxomil Tab 20 MG	20 MG	Medicaid
Benicar	Olmesartan Medoxomil Tab 40 MG	40 MG	Medicaid
Benicar	Olmesartan Medoxomil Tab 5 MG	5 MG	Medicaid
Benicar hct	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	20-12.5 MG	Medicaid
Benicar hct	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	40-12.5 MG	Medicaid
Benicar hct	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	40-25 MG	Medicaid
Cozaar	Losartan Potassium Tab 100 MG	100 MG	Medicaid
Cozaar	Losartan Potassium Tab 25 MG	25 MG	Medicaid
Cozaar	Losartan Potassium Tab 50 MG	50 MG	Medicaid
Diovan	Valsartan Tab 160 MG	160 MG	Medicaid
Diovan	Valsartan Tab 320 MG	320 MG	Medicaid
Diovan	Valsartan Tab 40 MG	40 MG	Medicaid
Diovan	Valsartan Tab 80 MG	80 MG	Medicaid
Diovan hct	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	160-12.5 MG	Medicaid
Diovan hct	Valsartan-Hydrochlorothiazide Tab 160-25 MG	160-25 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Diovan hct	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	320-12.5 MG	Medicaid
Diovan hct	Valsartan-Hydrochlorothiazide Tab 320-25 MG	320-25 MG	Medicaid
Diovan hct	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	80-12.5 MG	Medicaid
Edarbi	Azilsartan Medoxomil Tab 40 MG	40 MG	Medicaid
Edarbi	Azilsartan Medoxomil Tab 80 MG	80 MG	Medicaid
Edarbyclor	Azilsartan Medoxomil-Chlorthalidone Tab 40-12.5 MG	40-12.5 MG	Medicaid
Edarbyclor	Azilsartan Medoxomil-Chlorthalidone Tab 40-25 MG	40-25 MG	Medicaid
Exforge	Amlodipine Besylate-Valsartan Tab 10-160 MG	10-160 MG	Medicaid
Exforge	Amlodipine Besylate-Valsartan Tab 10-320 MG	10-320 MG	Medicaid
Exforge	Amlodipine Besylate-Valsartan Tab 5-160 MG	5-160 MG	Medicaid
Exforge	Amlodipine Besylate-Valsartan Tab 5-320 MG	5-320 MG	Medicaid
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	10-160-12.5 MG	Medicaid
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	10-160-25 MG	Medicaid
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	10-320-25 MG	Medicaid
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	5-160-12.5 MG	Medicaid
Exforge hct	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	5-160-25 MG	Medicaid
Hyzaar	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	100-12.5 MG	Medicaid
Hyzaar	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	100-25 MG	Medicaid
Hyzaar	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	50-12.5 MG	Medicaid
Micardis	Telmisartan Tab 20 MG	20 MG	Medicaid
Micardis	Telmisartan Tab 40 MG	40 MG	Medicaid
Micardis	Telmisartan Tab 80 MG	80 MG	Medicaid
Micardis hct	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	40-12.5 MG	Medicaid
Micardis hct	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	80-12.5 MG	Medicaid
Micardis hct	Telmisartan-Hydrochlorothiazide Tab 80-25 MG	80-25 MG	Medicaid
Tekturna	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	150 MG	Medicaid
Tekturna	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	300 MG	Medicaid
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	150-12.5 MG	Medicaid
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 150-25 MG	150-25 MG	Medicaid
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	300-12.5 MG	Medicaid
Tekturna hct	Aliskiren-Hydrochlorothiazide Tab 300-25 MG	300-25 MG	Medicaid
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	20-5-12.5 MG	Medicaid
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	40-10-12.5 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	40-10-25 MG	Medicaid
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	40-5-12.5 MG	Medicaid
Tribenzor	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	40-5-25 MG	Medicaid
Twynsta	Telmisartan-Amlodipine Tab 40-10 MG	40-10 MG	Medicaid
Twynsta	Telmisartan-Amlodipine Tab 40-5 MG	40-5 MG	Medicaid
Twynsta	Telmisartan-Amlodipine Tab 80-10 MG	80-10 MG	Medicaid
Twynsta	Telmisartan-Amlodipine Tab 80-5 MG	80-5 MG	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	<p><b>Evaluation</b></p> <p><b>Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. ALL of the following: <ol style="list-style-type: none"> <li>A. The requested quantity (dose) is greater than the program quantity limit <b>AND</b></li> <li>B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>3. ALL of the following: <ol style="list-style-type: none"> <li>A. The requested quantity (dose) is greater than the program quantity limit <b>AND</b></li> <li>B. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>C. The prescriber has provided information in support of therapy with a higher dose for the requested indication</li> </ol> </li> </ol> <p><b>Length of approval:</b> 12 months</p>