



Fixed-Dose Combination Antihypertensive Medication Coverage

*By State Medicaid and Medicaid Managed
Care Organizations*

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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.

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Contents

State Medicaid Coverage for Single-Pill, Fixed-Dose Combination Therapy Summary	5
Alabama State Summary	7
Alaska State Summary	9
Arizona State Summary	11
Arkansas State Summary	13
California State Summary	15
Colorado State Summary	16
Connecticut State Summary	18
Delaware State Summary	19
Florida State Summary	21
Georgia State Summary	22
Hawaii State Summary	24
Idaho State Summary	26
Illinois State Summary	28
Indiana State Summary	30
Iowa State Summary	32
Kansas State Summary	34
Kentucky State Summary	36
Louisiana State Summary	38
Maine State Summary	40
Maryland State Summary	42
Massachusetts State Summary	44
Michigan State Summary	46
Minnesota State Summary	48
Mississippi State Summary	50
Missouri State Summary	52
Montana State Summary	54
Nebraska State Summary	56
Nevada State Summary	58
New Hampshire State Summary	60
New Jersey State Summary	62
New Mexico State Summary	64
New York State Summary	66
North Carolina State Summary	68
North Dakota State Summary	70
Ohio State Summary	72
Oklahoma State Summary	74



Oregon State Summary 76

Pennsylvania State Summary 78

Rhode Island State Summary 80

South Carolina State Summary 82

South Dakota State Summary..... 84

Tennessee State Summary 86

Texas State Summary 88

Utah State Summary 90

Vermont State Summary 92

Virginia State Summary 94

Washington State Summary 96

Washington, DC Summary..... 98

West Virginia State Summary 100

Wisconsin State Summary..... 102

Wyoming State Summary 104

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. Compare the preferred, covered FDCs with your health center formulary and update accordingly.
2. Educate clinicians about the effectiveness and availability of preferred, covered FDCs for managing their patients with hypertension.
3. Embed preferred, covered FDCs into clinical decision support – 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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5. Parati G, Kjeldsen S, Coca A, et al. Adherence to Single-Pill Versus Free-Equivalent Combination Therapy in Hypertension: A Systematic Review and Meta-Analysis. *Hypertension*. 2021 Feb;77(2):692-705.
6. An J, Derington CG, Luong T, et al. Fixed-Dose Combination Medications for Treating Hypertension: A Review of Effectiveness, Safety, and Challenges. *Curr Hypertens Rep*. 2020;22(11):95.



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	
Benazepril/amlodipine (Lotrel)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Telmisartan/amlodipine (Twynta)	
Valsartan/amlodipine (Exforge)	
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	†
Other combinations	
Amiloride/hydrochlorothiazide (Moduretic)	
Spirolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Aliskiren/hydrochlorothiazide (Tekturna HCT)	†

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	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 [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 Alabama Medicaid drug coverage, please see [Alabama Medicaid](#).



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

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 (Twynta)	
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
	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: amloride/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 [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 Alaska Medicaid drug coverage, please see [Preferred Drug List Program \(alaska.gov\)](#).

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans							
	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 [Kaiser Family Foundation](https://www.kff.org/) 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 [AHCCCS Health Plans \(azahcccs.gov\)](https://www.azahcccs.gov/).



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† Arkansas Medicaid
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)	
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 (Twynta)	
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†
	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 (Prexalia), 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 [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 Arkansas Medicaid drug coverage, please see [Med Comply - Arkansas Preferred Drug List \(med-comply.com\)](#).

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)	‡
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 (Tarka)	‡
ARB + calcium channel blocker	
Valsartan/amlodipine (Exforge)	
Telmisartan/amlodipine (Twynta)	‡
Other combinations	
Spirolactone/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), amloride/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; 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 [Medi-Cal Beneficiaries | Forms and Information](#).



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

Colorado State Summary

Data as of 3/22/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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)	†		
Enalapril/hydrochlorothiazide (Vaseretic)			
Fosinopril/hydrochlorothiazide (Monopril HCT)	†		
Quinapril/hydrochlorothiazide (Accuretic)	†		
ARB + thiazide diuretic			
Losartan/hydrochlorothiazide (Hyzaar)			
Irbesartan/hydrochlorothiazide (Avalide)			
Valsartan/hydrochlorothiazide (Diovan HCT)			
Olmesartan/hydrochlorothiazide (Benicar 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 (Twynta)	†		
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		
	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)	†		
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 [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 Colorado Medicaid MCOs, please see [Health First Colorado Managed Care Contracts | Colorado Department of Health Care Policy & Financing](#).

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

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 [Kaiser Family Foundation](https://www.kff.org/) 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 [Pharmacy Information \(ctdssmap.com\)](https://www.ctdssmap.com/).



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

Delaware State Summary

Data as of 4/4/2022

Key: = Preferred = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans	
	AmeriHealth Caritas Delaware	Highmark Health Options of Delaware
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)	†	†
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 (Twynta)	†	§
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	
	AmeriHealth Caritas Delaware	Highmark Health Options of Delaware
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: 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 [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 Delaware Medicaid MCOs, please see [MCO Procurement data - Delaware Health and Social Services - State of Delaware](#).

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

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 (Twynta), 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 [Kaiser Family Foundation](https://www.kff.org/) 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 [Florida Medicaid Preferred Drug List \(PDL\) \(myflorida.com\)](https://myflorida.com/).



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

Georgia State Summary

Data as of 1/11/2022

Key: = Preferred /Tier 1 = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
	Amerigroup 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)			†	
ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine (Lotrel)				
Trandolapril/verapamil (Tarka)				
ARB + calcium channel blocker				
Valsartan/amlodipine (Exforge)			†	
Telmisartan/amlodipine (Twynta)				
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)				

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
	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 (Prexalia), 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 Georgia Medicaid MCOs, please see [Care Management Organizations \(CMO\) | Georgia Medicaid](#).



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

Hawaii State Summary

Data as of 4/4/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
	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)					
ACE inhibitor + calcium channel blocker					
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					
Spirolactone/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 [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 Hawaii Medicaid MCOs, please see [Health Plans \(hawaii.gov\)](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans 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 (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/hydrochlorothiazide (Atacand 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 (Twynta)	†
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
	Idaho 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)

† 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; 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 [Idaho Medicaid Pharmacy Program | Idaho Department of Health and Welfare](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
	Aetna Better Health of Illinois	Blue Cross Blue Shield of Illinois	CountyCare Health Plan	Meridian Health Plan	Molina Healthcare of 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 (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)		†		†	†
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				
	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)		†		†	†
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 [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 Illinois Medicaid MCOs, please see [Illinois' Managed Care Programs | HFS](#).



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

Indiana State Summary

Data as of 3/17/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
	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)			†	
Azilsartan/chlorthalidone (Edarbyclor)				†
ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine (Lotrel)				
Trandolapril/verapamil (Tarka)				
ARB + calcium channel blocker				
Telmisartan/amlodipine (Twynsta)				
Olmesartan/amlodipine (Azor)			†	
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			
	Anthem BlueCross Blue Shield	CareSource	Managed Health Services	MDWise
Other combinations				
Amiloride/hydrochlorothiazide (Moduretic)				
Spirolactone/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)

† 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 [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 Indiana Medicaid MCOs, please see [Indiana Medicaid: Members: Managed Care Health Plans](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans† 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	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	

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 [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 Iowa Medicaid drug coverage, please see [Preferred Drug Lists | Iowa Medicaid PDL](#).

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)	‡
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	
Bisoprolol/hydrochlorothiazide (Ziac)	
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	‡
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 [Kaiser Family Foundation](https://www.kff.org/) 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 [Preferred Drug List Program | KDHE, KS](#).

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
	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 [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 Kentucky Medicaid MCOs, please see [Managed Care Organizations - Cabinet for Health and Family Services \(ky.gov\)](#).



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

Louisiana State Summary

Data as of 3/17/2022

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)	‡
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 (Twynta)	‡
Beta blocker + thiazide diuretic	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
Other combinations	
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), 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 [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 Louisiana Medicaid drug coverage, please see [Medicaid | Department of Health | State of Louisiana | \(lamedicaid.com\)](#).



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

Maine State Summary

Data as of 4/5/2022

Key: = Preferred = Non-Preferred

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	Maine Medicaid
ACE inhibitor + thiazide diuretic	
Benazepril/hydrochlorothiazide (Lotensin HCT)	
Enalapril/hydrochlorothiazide (Vaseretic)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Moexipril/hydrochlorothiazide (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 (Edarbyclor)	†
Candesartan/hydrochlorothiazide (Atacand HCT)	†‡
Irbesartan/hydrochlorothiazide (Avalide)	†‡
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (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)	§

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	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 [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 Maine Medicaid drug coverage, please see [Preferred Drug Lists \(PDL\) | MaineCare PDL](#).

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

Maryland State Summary

Data as of 3/17/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans								
	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
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 (Atacand HCT)	†								
Telmisartan/hydrochlorothiazide (Micardis HCT)									
Olmesartan/hydrochlorothiazide (Benicar HCT)									
Azilsartan/chlorthalidone (Edarbyclor)									
ACE inhibitor + calcium channel blocker									
Benazepril/amlodipine (Lotrel)									
Trandolapril/verapamil (Tarka)									
ARB + calcium channel blocker									
Valsartan/amlodipine (Exforge)								†	
Telmisartan/amlodipine (Twynta)									

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans								
	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 [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 Maryland Medicaid MCOs, please see [Pages - HealthChoice Managed Care \(maryland.gov\)](#).



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

Massachusetts State Summary

Data as of 3/22/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
	Be Healthy Partnership	BMC HealthNet Plan	Fallon Health	MassHealth	My Care Family	Tufts Health Together
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 (Benicar HCT)					†	
Telmisartan/hydrochlorothiazide (Micardis HCT)	†				†	‡
Candesartan/hydrochlorothiazide (Atacand HCT)	†	†		‡	†	‡
Azilsartan/chlorthalidone (Edarbyclor)						
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 (Twynta)	†	†		‡		

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
	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)	†					
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

‡ 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; 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 [MassHealth health plans | Mass.gov](#).



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

Michigan State Summary

Data as of 1/20/22

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans								
	Aethna 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)		†	†		†	†	†	†	
Fosinopril/hydrochlorothiazide (Monopril HCT)		†	†		†	†	†	†	
Moexipril/hydrochlorothiazide (Uniretic)									
ARB + thiazide diuretic									
Losartan/hydrochlorothiazide (Hyzaar)									
Valsartan/hydrochlorothiazide (Diovan HCT)									
Olmesartan/hydrochlorothiazide (Benicar HCT)									
Irbesartan/hydrochlorothiazide (Avalide)		†	†		†	†	†	†	
Azilsartan/chlorthalidone (Edarbyclor)		†	†		†	†	†	†	
Candesartan/hydrochlorothiazide (Atacand HCT)		†	†		†	†	†	†	
Telmisartan/hydrochlorothiazide (Micardis HCT)		†	†		†	†	†	†	
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 (Twynta)		†	†		†	†	†	†	

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans								
	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
Beta blocker + thiazide diuretic									
Atenolol/chlorthalidone (Tenoretic)									
Bisoprolol/hydrochlorothiazide (Ziac)									
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)		†	†	†	†	†	††	††	
Other combinations									
Amiloride/hydrochlorothiazide (Moduretic)									
Spirolactone/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)

† 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 [Kaiser Family Foundation](https://www.kff.org) 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 [Medicaid Health Plan Pharmacy Benefit \(michigan.gov\)](https://www.michigan.gov/medicaid).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans								
	Blue Plus	Health Partners	Hennepin Health	Itasca Medical Care	Medica	PrimeWest Health	South Country Health Alliance	UCare	UnitedHealthcare Community Health Plan of Minnesota
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 (Micardis HCT)	†	†				†	†	†	†
Candesartan/hydrochlorothiazide (Atacand HCT)	†	†				†	†	†	†
Olmesartan/hydrochlorothiazide (Benicar HCT)	†	†				†	†	†	†
Azilsartan/chlorthalidone (Edarbyclor)	†	†				†	†	†	†
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 (Twynsta)	†	†				†	†	†	†

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans								
	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)	†	†				†	†	†	†
Bisoprolol/hydrochlorothiazide (Ziac)	†	†				†	†	†	†
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)	†	†				†	†	†	†
Other combinations									
Aliskiren/hydrochlorothiazide (Tekturna HCT)			†						
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 [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 Minnesota Medicaid MCOs, please see [MCO contacts for MHCP providers / Minnesota Department of Human Services \(mn.gov\)](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans† 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 (Edarbyclor)	‡
Candesartan/hydrochlorothiazide (Atacand 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 (Twynta)	‡
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†
	Mississippi Medicaid Uniform
Other combinations	
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: 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 [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 Mississippi Medicaid drug coverage, please see [Universal Preferred Drug List | Mississippi Division of Medicaid \(ms.gov\)](#).



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)	†

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans
	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 [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 Missouri Medicaid drug coverage, please see [Missouri Pharmacy Clinical Edits and Preferred Drug Lists | Missouri Department of Social Services \(mo.gov\)](#).



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

Montana State Summary

Data as of 4/5/2022

Key: = Preferred = Non-Preferred

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans 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 (Twynta)	
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
	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 [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 Montana Medicaid drug coverage, please see [19 \(mt.gov\)](#).



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-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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)			†
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)			†

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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)			†
Other combinations			
Amiloride/hydrochlorothiazide (Moduretic)			
Spirinolactone/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: 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 [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 Nebraska Medicaid MCOs, please see [Heritage Health \(ne.gov\)](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
	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)				†
ACE inhibitor + calcium channel blocker				
Benazepril/amlodipine (Lotrel)				
Trandolapril/verapamil (Tarka)				
ARB + calcium channel blocker				
Valsartan/amlodipine (Exforge)				†
Telmisartan/amlodipine (Twynta)				
Olmesartan/amlodipine (Azor)				†
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			
	Anthem Blue Cross Blue Shield	Health Plan Nevada	Molina Healthcare of Nevada	SilverSummit Health Plan
Other combinations				
Amiloride/hydrochlorothiazide (Moduretic)				
Spirolactone/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), azilsartan/chlorthalidone (Edarbyclor), perindopril/amlodipine (Prexalia), 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 Nevada Medicaid MCOs, please see [MCOMain \(nv.gov\)](#).



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

New Hampshire State Summary

Data as of 4/5/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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)			
ACE inhibitor + calcium channel blocker			
Benazepril/amlodipine (Lotrel)			
Trandolapril/verapamil (Tarka)			
Perindopril/amlodipine (Prestalia)			
ARB + calcium channel blocker			
Olmesartan/amlodipine (Azor)			
Telmisartan/amlodipine (Twynta)			
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		
	AmeriHealth Caritas New Hampshire	New Hampshire Healthy Families	Well Sense Health Plan
Other combinations			
Amiloride/hydrochlorothiazide (Moduretic)			
Spirolactone/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 [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 New Hampshire Medicaid MCOs, please see [Medicaid 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

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
	Aetna Better Health of New Jersey	Amerigroup New Jersey	Horizon NJ	United Healthcare Community Plan of New Jersey	WellCare 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 (Atacand HCT)	†				
Olmesartan/hydrochlorothiazide (Benicar HCT)	†				
Azilsartan/chlorthalidone (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)					
Spirolactone/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 (Twynta), 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 [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 New Jersey Medicaid MCOs, please see [Department of Human Services | NJ Medicaid & Managed Care \(state.nj.us\)](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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)		†	
Valsartan/hydrochlorothiazide (Diovan HCT)		†	
Olmesartan/hydrochlorothiazide (Benicar HCT)			
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 (Twyinsta)			
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		
	Blue Cross Community Centennial	Presbyterian Health Plan	Western Sky Health Plan
Other combinations			
Amiloride/hydrochlorothiazide (Moduretic)			
Spirolactone/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 [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 New Mexico Medicaid MCOs, please see [Managed Care Organizations \(MCOs\) , New Mexico \(networkofcare.org\)](#).

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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans															
	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
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)		†														
Olmesartan/hydrochlorothiazide (Benicar 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 (Azor)		†														
Telmisartan/amlodipine (Twynta)		†														
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															
	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)																
Spirolactone/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: 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 [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 New York Medicaid MCOs, please see [Managed Care Organization \(MCO\) Directory by Plan \(ny.gov\)](#).



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

North Carolina State Summary

Data as of 2/2/2022

Key: = Preferred = Non-Preferred

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans 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 (Twynta)	
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 (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)

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 North Carolina Medicaid drug coverage, please see [Preferred Drug List | NC Medicaid \(ncdhhs.gov\)](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans† 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 (Atacand HCT)	 ‡
Losartan/hydrochlorothiazide (Hyzaar)	 ‡
Irbesartan/hydrochlorothiazide (Avalide)	 §
Olmesartan/hydrochlorothiazide (Benicar HCT)	 §
Telmisartan/hydrochlorothiazide (Micardis 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 (Twynta)	 §
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)	
Spirolactone/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: 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 [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 North Dakota Medicaid drug coverage, please see [Health Information Designs, LLC. » North Dakota \(hidesigns.com\)](#).

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans†					
	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)	§	§	§	§	§	§
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 [Kaiser Family Foundation](https://www.kff.org/) 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 [Ohio Unified Preferred Drug List | pharmacy.medicaid.ohio.gov](https://www.ohio.gov/ohio-unified-preferred-drug-list).



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

Oklahoma 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)	†
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	
Olmesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
Telmisartan/amlodipine (Twyinsta)	†
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
	SoonerCare
Other combinations	
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: amiloride/hydrochlorothiazide (Moduretic), hydralazine/hydrochlorothiazide (Hydra-zide), triamterene/hydrochlorothiazide (Maxzide, Dyazide)

† 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 [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 Oklahoma Medicaid MCOs, please see [Pharmacy \(oklahoma.gov\)](#).

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans											
	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 [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 Oregon Medicaid MCOs, please see [Oregon Health Authority : CCO Plans : Oregon Health Plan : State of Oregon](#).

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans†							
	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 (Prexalia), 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 [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 Pennsylvania Medicaid drug coverage, please see [Preferred Drug List \(pa.gov\)](#).



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

Rhode Island State Summary

Data as of 4/5/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	Neighborhood Health Plan of Rhode Island	Tufts Health RITogether	UnitedHealthcare Community Plan of Rhode Island
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			
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 (Azor)		††	
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		
	Neighborhood Health Plan of Rhode Island	Tufts Health RITogether	UnitedHealthcare Community Plan of Rhode Island
Other combinations			
Amiloride/hydrochlorothiazide (Moduretic)			
Spirolactone/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: perindopril/amlodipine (Prevalia), 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 [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 Rhode Island Medicaid MCOs, please see [Medicaid Managed Care Contracts & Policy/Guidance Documents | Executive Office of Health and Human Services \(ri.gov\)](#).



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 Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
	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)		†			
Valsartan/hydrochlorothiazide (Diovan HCT)		†			
Olmesartan/hydrochlorothiazide (Benicar HCT)	†	†			
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)	†				
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				
	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)	†				
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 [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)	†
ACE inhibitor + calcium channel blocker	
Benazepril/amlodipine (Lotrel)	
Perindopril/amlodipine (Prestalia)	
Trandolapril/verapamil (Tarka)	
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Telmisartan/amlodipine (Twynta)	
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)	
Spirolactone/hydrochlorothiazide (Aldactazide)	
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)	
Triple combination	
Olmesartan/amlodipine/hydrochlorothiazide (Tribenzor)	
Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)	

* South Dakota [does not utilize a preferred drug list \(PDL\)](#) and allows pharmacies to dispense any FDA approved drug with a federal rebate agreement within a class. South Dakota Medicaid requires [Prior Authorization for certain drugs](#) 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 [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 Dakota Medicaid drug coverage, please see [Pharmacy Services.pdf \(sd.gov\)](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization Plans 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 (Twynta)	
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)	
Spirolactone/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 [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 Tennessee Medicaid drug coverage, please see [Pharmacy \(tn.gov\)](#).



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)	‡
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)	
Trandolapril/verapamil (Tarka)	‡
ARB + calcium channel blocker	
Valsartan/amlodipine (Exforge)	
Olmesartan/amlodipine (Azor)	‡
Telmisartan/amlodipine (Twynta)	‡
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†
	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 [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 Texas Medicaid drug coverage, please see [Preferred Drugs | Vendor Drug Program \(txvendordrug.com\)](#).



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

Utah State Summary

Data as of 4/6/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication [†]	Medicaid/Medicaid Managed Care Organization (MCO) Plans			
	Health Choice Utah	Healthy U	Molina Healthcare of Utah	SelectHealth 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)				
Olmesartan/hydrochlorothiazide (Benicar 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 (Azor)				
Telmisartan/amlodipine (Twynta)				
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			
	Health Choice Utah	Healthy U	Molina Healthcare of Utah	SelectHealth Community Plan
Other combinations				
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)				
Amiloride/hydrochlorothiazide (Moduretic)				
Spirolactone/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 [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 Utah Medicaid MCOs, please see [Managed Care - Utah Department of Health Medicaid](#).



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

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans† 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 (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 (Twynta)	‡
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†
	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 [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 Vermont Medicaid drug coverage, please see [Preferred Drug List \(PDL\) & Clinical Criteria | Department of Vermont Health Access](#).



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

Virginia State Summary

Data as of 3/17/2022

Key: = Preferred = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
	Aetna Better Health of Virginia	Anthem HealthKeepers Plus	Molina Complete Care	Optima Health	UnitedHealthcare Community Plan of Virginia	Virginia Premier
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						
Irbesartan/hydrochlorothiazide (Avalide)						
Losartan/hydrochlorothiazide (Hyzaar)						
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)			†	†	†	
Perindopril/amlodipine (Prestalia)				†		
ARB + calcium channel blocker						
Valsartan/amlodipine (Exforge)						
Olmesartan/amlodipine (Azor)		†				
Telmisartan/amlodipine (Twynsta)			†	†	†	

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans					
	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)			†	†	†	
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)

† 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 [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 Virginia Medicaid MCOs, please see [Compare Plans | Virginia Managed Care](#).



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

Washington State Summary

Data as of 3/17/2022

Key: = Preferred /Tier 1 = Non-Preferred = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
	Amerigroup Washington	Community Health Plan of Washington	Coordinated Care Corporation	Molina Healthcare of Washington	United Healthcare Community Plan of 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/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)	†	†	†	†	†
Perindopril/amlodipine (Prestalia)	†	†	†		
ARB + calcium channel blocker					
Valsartan/amlodipine (Exforge)	†	†	†	†	†
Olmesartan/amlodipine (Azor)	†	†	†	†	†
Telmisartan/amlodipine (Twynta)	†	†	†	†	†

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans				
	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)	†	†	†	†	†
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), 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 [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 Washington Medicaid MCOs, please see [Apple Health managed care | Washington State Health Care Authority](#).



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

Washington, DC Summary

Data as of 2/2/2022

Key: = Preferred /Tier 1 = Not Included

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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)	†		
Olmesartan/hydrochlorothiazide (Benicar HCT)	†		
Valsartan/hydrochlorothiazide (Diovan HCT)	†		
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)	†		
Beta blocker + thiazide diuretic			
Bisoprolol/hydrochlorothiazide (Ziac)			
Atenolol/chlorthalidone (Tenoretic)			
Metoprolol tartrate/hydrochlorothiazide (Lopressor HCT)			
Other combinations			
Triamterene/hydrochlorothiazide (Maxzide, Dyazide)			
Amiloride/hydrochlorothiazide (Moduretic)			
Spirolactone/hydrochlorothiazide (Aldactazide)			
Aliskiren/hydrochlorothiazide (Tekturna HCT)			

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans		
	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 [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 Washington, D.C. Medicaid MCOs, please see [Medicaid Managed Care Organizations \(MCOs\) | dhcf](#).

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

West Virginia State Summary

Data as of 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 (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 [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 West Virginia Medicaid drug coverage, please see [Preferred Drug List and Coverage Details \(wv.gov\)](#).



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

Wisconsin State Summary

Data as of 3/17/2022

Key: = Preferred = Non-Preferred

Fixed Dose Combination Medication*	Medicaid/Medicaid Managed Care Organization (MCO) Plans Wisconsin 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)	
Perindopril/amlodipine (Prestalia)	†
Trandolapril/verapamil (Tarka)	†
ARB + calcium channel blocker	
Olmesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
Telmisartan/amlodipine (Twynta)	†
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
	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 [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 Wisconsin Medicaid drug coverage, please see [ForwardHealth Provider Type: 24, Pharmacy \(wi.gov\)](#).

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/chlorthalidone (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 [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 Wyoming Medicaid drug coverage, please see [Preferred Drug List | Wyoming Department of Health \(wymedicaid.org\)](#).