



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1243-8
Program	Prior Authorization/Non-Formulary
Medication	Amlodipine/valsartan/hydrochlorothiazide (generic Exforge HCT®*)
P&T Approval Date	3/2018, 3/2019, 3/2020, 6/2021, 6/2022, 10/2023, 10/2024, 10/2025
Effective Date	12/1/2025

1. Background:

The American College of Cardiology/American Heart Association Task Force recommends combination pills rather than individual components to improve adherence to antihypertensive therapy in certain clinical situations. This program allows for coverage of amlodipine/valsartan/hydrochlorothiazide (generic Exforge HCT*), a triple antihypertensive therapy, for members who have not achieved an adequate response with the medications taken separately due to lack of adherence.

2. Coverage Criteria^a:

A. Initial Authorization

1. **Amlodipine/valsartan/hydrochlorothiazide (generic Exforge HCT*)** will be approved based on **both** of the following:
 - a. Patient has a history of a trial resulting in a therapeutic failure (i.e. blood pressure goal not met), to **both** of the following taken concomitantly:
 - i. amlodipine/valsartan (generic Exforge)
 - ii. hydrochlorothiazide

-AND-

- b. Patient is unable to adhere to antihypertensive therapy and prescriber determines combination therapy would be beneficial.

Authorization will be issued for 12 months.

B. Reauthorization

1. **Amlodipine/valsartan/hydrochlorothiazide (generic Exforge HCT*)** will be approved based on the following criterion:
 - a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



*Brand Exforge HCT is typically excluded from coverage.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Jones, D. W., Ferdinand, K. C., Taler, S. J., et al. (2025). 2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: A report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Journal of the American College of Cardiology*. Advance online publication. [https://doi.org/10.1016/j.jacc.2025.05.007\[1\]\(https://www.acc.org/Latest-in-Cardiology/Journal-Scans/2025/08/14/15/36/New-ACC-AHA-Guideline-Addresses-Prevention-Detection-Evaluation-and-Management-of-HBP\)Exforge HCT \[package insert\].](https://doi.org/10.1016/j.jacc.2025.05.007[1](https://www.acc.org/Latest-in-Cardiology/Journal-Scans/2025/08/14/15/36/New-ACC-AHA-Guideline-Addresses-Prevention-Detection-Evaluation-and-Management-of-HBP)Exforge HCT [package insert].) East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2023.

Program	Prior Authorization/Non-Formulary – Amlodipine/valsartan/hydrochlorothiazide (generic Exforge HCT)
Change Control	
3/2018	New program.
3/2019	Annual review. No changes.
3/2020	Annual review. Updated references.
6/2021	Formatting changes. Updated reference.
6/2022	Annual review. Updated reference.
10/2023	Annual review. Updated reference.
10/2024	Annual review. No changes.
10/2025	Annual review. Updated references.