

DUTOPROL (metoprolol/HCTZ, oral)

Diagnosis Considered for Coverage:

- Hypertension (HTN)

Coverage Criteria:

For diagnosis listed above, and

- Patient is CURRENTLY receiving BOTH metoprolol AND HCTZ in separate dose forms, **and**
- Request is to reduce pill burden, **and**
- Dose does not exceed 25 mg HCTZ along with 200 mg metoprolol.

Coverage Duration: Length of benefit

Effective: 2/04/2020GF