



## Missouri Pharmacy Program – Preferred Drug List



### Direct Renin Inhibitors

Effective 04/09/2008

Revised 06/21/2011

#### Preferred Agents

Available with Clinical Edits

- Tekturna®
- Tekturna® HCT
- **Valturna®**

#### Non-Preferred Agents

- **Tekamlo®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial and failure on 1 Angiotensin Receptor Blocker (ARB) agents	Lack of adequate trial on required preferred agents Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents Documented trial period for preferred agents Documented ADE/ADR to preferred agents	Drug Prior Authorization Hotline: (800) 392-8030.
Documented compliance on current therapy regimen	