



Missouri Pharmacy Program – Preferred Drug List



Electrolyte Depleters

Effective 12/14/2006

Revised 01/06/2011

Preferred Agents

- Phoslo®
- Fosrenol®
- Renagel®

Non-Preferred Agents

- Renvela®
- Calcium Acetate Gelcaps
- Eliphos®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030