



## Missouri Pharmacy Program – Preferred Drug List



### Direct Renin Inhibitors and Combinations

**Effective 01/10/2013**

**Revised 01/08/2015**

#### Preferred Agents

Available with Clinical Edits

- Tekturna®
- Tekturna® HCT

#### Non-Preferred Agents

- Tekamlo®
- Amturnide®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial and failure on 1 Angiotensin Receptor Blocker (ARB) agent
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

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### Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Aliskiren containing products (*Tekturna®*, *Tekturna HCT®*, *Tekamlo®*, *Amturnide®*)
  - Diabetic patients on concomitant ARBs or ACE therapy
  - Moderate-Severe renal impairment (GFR < 60ml/min)
- Drug Prior Authorization Hotline: (800) 392-8030