



## Missouri Pharmacy Program – Preferred Drug List



### Electrolyte Depleters

**Effective 12/14/2006**

Revised 10/06/2016

#### Preferred Agents

- Calcium Acetate Capsules
- Eliphos®
- Phoslyra®
- Renagel®
- **Renvela® Tablets/Powder**

#### Non-Preferred Agents

- Auryxia®
- Calcium Acetate Tablets
- Calphron® OTC
- Fosrenol® Chew Tabs/Powder
- PhosLo®
- Sevelamer Carbonate Tabs
- Velphoro®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 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