



## Missouri Pharmacy Program – Preferred Drug List



### Electrolyte Depleters

Effective 12/14/2006

Revised 10/04/2018

#### Preferred Agents

- Calcium Acetate Capsules
- Eliphos®
- Renagel®
- Renvela® Tablets

#### Non-Preferred Agents

- Auryxia®
- Calcium Acetate Tabs OTC/Rx
- Calphron® OTC
- Fosrenol® Chew Tabs/Powder
- **Lanthanum Carbonate Chew Tabs**
- PhosLo® (discontinued)
- Phoslyra®
- Renvela® Powder Pack
- **Sevelamer Carbonate Tabs/Powder**
- Velphoro®

### Approval Criteria

- 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
- Documented compliance on current therapy regimen

### Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030