



## Missouri Pharmacy Program – Preferred Drug List



### Direct Renin Inhibitors & Combinations

**Effective 04/09/2008**

Revised 01/05/2012

#### Preferred Agents

Available with Clinical Edits

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

#### 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) agent	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030