



## Missouri Pharmacy Program – Preferred Drug List



### Electrolyte Depleters

**Effective 12/14/2006**

Revised 01/05/2012

#### Preferred Agents

- Phoslo®
- Renagel®

#### Non-Preferred Agents

- Renvela®
- Calcium Acetate Gelcaps
- Eliphos®
- Calphron
- **Fosrenol®**
- **Phoslyra®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on <b>2 or more preferred agents</b>	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