

# Renin Inhibitors Criteria

Revised: 09/17/2024

## TEKTURNA (ALISKIREN/HYDROCHLOROTHIAZIDE) AND TEKTURNA HCT (ALISKIREN)

Length of Authorization: 1 year

### CHILDREN – CRITERIA TO APPROVE

N/A

### ADULTS – CRITERIA TO APPROVE

All the following:

- Diagnosis of hypertension
- Inadequate response (defined as a paid claim of at least 30-day supply within the previous 90 days), adverse reaction, or contraindication to an ARB (angiotensin receptor blocker)

### ADULTS – RENEWAL CRITERIA

All the following:

- The patient met initial review requirements
- Clinical response to therapy has been submitted (supporting documentation is **required**)

## REVISION HISTORY

Date	Issues/Updates
08/01/2024	• Initial draft creation
09/17/2024	• Revised

**Orange Text = Important Information** | **Teal Text = Auto PA**

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