

Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial



TEKTURNA® (aliskiren)

GPI CODING:

TEKTURNA	361700101003**
TEKTURNA HCT	369960021503**

DESCRIPTION:

Tekturina and Tekturina HCT are indicated for management of hypertension. The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Tekturina prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: lifetime

CRITERIA FOR TEKTURNA/HCT

- I. Patient has tried and failed two angiotensin- converting enzyme inhibitors (ACE-Is) or combination products **OR**
- II. Patient has tried and failed two angiotensin II receptor blockers (ARBs) or combination products **OR**
- III. Patient has tried and failed one angiotensin- converting enzyme inhibitors (ACE-I) or combination product **AND** one angiotensin II receptor blocker (ARB) or combination product