



**For All Diagnoses:**

- The criterion for automatic coverage of Tekturna (aliskiren) and any combination product containing aliskiren is as follows:
  - Must have a documented pharmacy claim history of 1 Angiotensin Converting Enzyme (ACE) inhibitor or 1 Angiotensin II Receptor Blocker (ARB)
- For members without a documented claim history of 1 ACE inhibitor or 1 ARB, a medical necessity review is completed, and the following criteria must be met:
  - Must have chart documentation which shows the member has tried and failed or had intolerance to 1 ACE inhibitor or 1 ARB for a diagnosis of hypertension.

**Limitations:**

<b>Length of Authorization (if above criteria met)</b>	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

**REFERENCES**

1. Tekturna (Aliskiren) package insert. East Hanover, NJ: Novartis Pharmaceuticals Corporation; April 2007.
2. Pool JL, Schmieder RE, Azizi M, et. Al. Aliskiren, an Orally Effective Renin Inhibitor, Provides Antihypertensive Efficacy Alone and in Combination With Valsartan. *Am J Hypertens* 2007;20:11-20.
3. O'Brien E, Barton J, Nussberger J et al. Aliskiren Reduced Blood Pressure and Suppresses Plasma Renin Activity in Combination With a Thiazide Diuretic, an Angiotensin-Converting Enzyme Inhibitor, or an Angiotensin Receptor Blocker. *Hypertension*. 2007;49:276-284.
4. Azizi M, Menard J, Bissery A et al. Pharmacologic Demonstration of the Synergistic Effects of a Combination of the Renin Inhibitor Aliskiren and the AT1 Receptor Antagonist Valsartan on the Angiotensin II-Renin Feedback Interruption. *J Am Soc Nephrol*. 2004;15:3126-3133.
5. Valturna (Aliskiren-Valsartan) [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; September 2009.
6. Tekamlo (Aliskiren-Amlodipine) [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; August 2010.
7. Amturnide [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2010

**RECORD RETENTION**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



**Tekturna and Tekturna HCT**  
**POLICY NUMBER: RX.PA.072.E**  
**REVISION DATE: 10/16**  
**PAGE NUMBER: 3 of 3**

**REVIEW HISTORY**

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>
<i>Criteria update</i>	<i>October/2016</i>

