

1 Chronic Kidney Disease: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOHS Plan	UHC	BCBS	Drug Class	Medication (AWP cost / 30 days)	Clinical Points
				Thiazide & Thiazide - Like Diuretics	Chlorothiazide	<p>*Adherence to < 2gm Na⁺ and diabetic diets</p> <p>*Sodium restriction enhances the effect of some anti-hypertensive meds</p>
1	1	1	\$0		Chlorthalidone	
1	1	1	\$0		Hydrochlorothiazide	
1	1	1	\$0		Indapamide	
3	1	1	\$0		Metolazone	
2	1	1	\$0	Loop Diuretics	Bumetanide	<p>1. Thiazides are less effective as GFR declines but can be added to loop diuretics for enhanced diuresis</p> <p>2. Chlorthalidone and Indapamide are long acting</p> <p>3. Increases risk of hypokalemia</p>
1	1	1	\$0		Furosemide	
2	1	1	\$0		Torsemide	
	1	2	1	Aldosterone Antagonists	Eplerenone	<p>1. Preferred for primary aldosteronism and resistant hypertension</p> <p>2. Risk of hyperkalemia</p> <p>3. Finerenone is FDA approved reduced the risk of CV and renal outcomes in pts with T2DM & CKD (FIDELIO-DKD), and for mildly reduced or preserved HF (FINEARTS-HF)</p> <p>4. Finerenone use recommended when eGFR ≥25ml/min, albuminuria ≥30mg/g (≥3mg/mmol), and a normal serum potassium concentration</p>
3	2(ST)	4(PA)			Finerenone (KERENDIA >\$660)	
1	1	1	\$0		Spirostanolactone	
1	1	1	\$0		Spirostanolactone / HCTZ	
1	1	1	\$0	ACE inhibitors 1st line therapy <i>ACE/ARB can reduce the risk of developing microalbuminuria or progression to macroalbuminuria</i>	Benazepril	<p>1. Use for CKD with urine albumin >300mg/24hr, or CKD/DM pts with urine albumin >30-300mg/24hr</p> <p>2. Monitor for hypotension, decreased GFR, and hyperkalemia</p> <p>3. Not recommended for use in combination with ARB or Renin Inhibitors (increases CV and renal risks)</p> <p>4. Consider use even if GFR <30ml/min due to reno-protective properties</p> <p>5. Increases risks of hyperkalemia</p> <p>6. Utilize K⁺ binders to remain on ACE/ARB therapy</p>
1	1	1	1		Captopril	
1	1	1	\$0		Enalapril	
1	1	1	\$0		Fosinopril	
1	1	1	\$0		Lisinopril	
1	1		1		Moexipril	
2	1		1		Perindopril	
1	1		\$0		Quinapril	
1	1	1	\$0		Ramipril	
1	1	1	1		Trandolapril	
1	1	3	1	ARBs 1st line therapy <i>ACE/ARB can reduce the risk of developing microalbuminuria or</i>	Candesartan	<p>1. Use for CKD with urine albumin >300mg/24hr, or CKD/DM pts with urine albumin >30-300mg/24hr</p> <p>2. Monitor for hypotension, decreased GFR, and hyperkalemia</p> <p>3. Not recommended for use in combination with Ace Inhibitors or Renin Inhibitors (increases CV and renal risks)</p>
	3				Azilsartan (EDARBI) >\$270)	
					Eprosartan	
1	1	1	\$0		Irbesartan	

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1	1	1	\$0	progression to macroalbuminuria	Losartan	4. Consider use even if GFR <30ml/min due to reno-protective properties 5. Increases risks of hyperkalemia 6. Utilize K ⁺ binders to remain on ACE/ARB therapy 7. Patients with history of ACE angioedema may try ARB after six-week washout
1	1	2	\$0		Olmesartan	
2	1	2	1		Telmisartan	
1	1	2	\$0		Valsartan	
OTC	OTC	OTC	OTC	Vitamin D preps *nonactivated or activated	*Cholecalciferol (D3)	1. *Use when evidence of a documented deficiency, use general population guidelines for dosing 2. If CKD G4-5 and persistently elevated PTH, use calcitriol or vitamin D analogs for more direct effect on PTH
	1	1	1		*Ergocalciferol (D2)	
2	1	1	1		Calcitriol (>\$13)	
	3		3		Doxercalciferol (Hectorol generic >\$240)	
4	1		3		Paricalcitol (Zemplar generic >\$51)	
	3			Phosphate Binders	Auryxia (>\$1,350)	1. Auryxia may increase serum iron and the risk of aluminum toxicity 2. Elemental calcium should not exceed 1500mg/24hr 3. Renagel may contribute to metabolic acidosis 4. Velphoro has minimal increase in serum iron
	1	1	1		Calcium acetate (>\$70)	
OTC	OTC	OTC	OTC		Calcium carbonate (>\$10-\$15)	
	1		3(PA)		Lanthanum carbonate (>\$800)	
	1	2	3(PA)		Sevelamer carbonate (>\$130)	
	1				Sevelamer HCL (Renagel generic >\$260)	
		4	3(PA)		Velphoro (>\$1,550)	
3	2	3(PA)	2	Potassium Binders	Lokelma (>\$900)	1. Avoid with severe constipation, bowel obstruction, or impaction 2. Sodium from SPS & Lokelma may exacerbate edema 2. Veltassa may bind magnesium, consider supplementation 3. Separation of dosing may be warranted with other medications, typically 3hrs before or 3hrs after treatment 4. Should not be used as emergency treatments due to delayed onset of action
3	1		1		Sodium Polystyrene Sulfonate (>\$175)	
	2	3(PA)	3		Veltassa (>\$1,350)	
				SGLT2 inhibitors 1st line therapy for most T2DM or HF patients		1. SGLT2i class may have more marked effects on decreased hospitalizations for CHF and progression of CKD 2. May increase the risk of mycotic genital infections, including Fournier's gangrene
	3 (ST)				Brenzavvy (\$50 Costplusdrugs)	
3					Dapagliflozin (>\$340)	

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				*May delay the progression of diabetic nephropathy; May reduce CV mortality in pts with established CV disease	Dapagliflozin/Metformin ER (>\$340)	3. To reduce risk of AKI, consider diuretic dose reduction before starting
3	2		2		*Farxiga (>\$700)	4. Risk of DKA, including euglycemic DKA
3	2	2(ST)			Glxambi (>\$600)	5. EMP-REG showed Jardiance may prevent new or worsening nephropathy in 1 out of 16 pts over 3 years. It is FDA approved for reducing CV mortality in DM pts with established CV disease
					*Invokana (>\$575)	6. CREDENCE showed Invokana may prevent the doubling of SCr in 1 out of 31 DM pts over 2.62 years.
					Invokamet (>\$575)	7. Farxiga when added to ACE or ARB therapy in CKD pts may reduce the decline in eGFR of at least 50% and delay the progression to ESRD (DAPA-CKD)
3	2	2	2		*Jardiance (>\$600)	8. Standards of Diabetes Care 2023 states to use SGLT2i in people with an eGFR ≥20ml/min per 1.73m² to reduce CKD progression
					Qtern (>\$540)	9. KDIGO.org – Use SGLT2i in a) CKD + T2DM + eGFR≥20; b) CKD + eGFR ≥20 + uACR ≥200; c) CKD + Heart Failure (Class 1A recommendations)
3	2	2	2		Synjardy (>\$585)	
3	2	2	2		Synjardy XR (>\$585)	
3	2	2			Trijardy XR (>\$600)	
3	2	(ST)	2		Xigduo XR (>\$575)	
				GLP-1 Receptor agonists *May delay the progression of diabetic nephropathy	Byetta (<\$680)	1. Risk of gallbladder disease or pancreatitis (acute and chronic)
	3(PA)	2(PA)			Bydureon BCise(>\$930)	2. C/I in patient or family history of medullary thyroid cancer or MEN2
	2(PA)	3(PA)			*Liraglutide (>\$430 2-pk, >\$650 3-pk)	3. Ozempic – monitor for worsening diabetic retinopathy
3(PA)	2(PA)	2(PA)	2(PA)		Mounjaro (>\$2,000)	4. Ozempic: SUSTAIN-6 showed it had a lower incidence of nephropathy (driven by preventing new microalbuminuria) in 1 out of 44 pts over two years. FLOW trial demonstrated 24% decreased risk of major kidney disease events over 3.4 years in pts with DM & CKD
3(PA)	2(PA)	2(PA)	2(PA)		*Ozempic (>\$950)	5. Victoza: LEADER showed it had a lower incidence of nephropathy (driven by preventing new onset macroalbuminuria) in 1 out of 67 pts over 4 years; Victoza is FDA approved for reducing the combined endpoints of CV death, MI, or stroke in DM pts with CV disease (LEADER)
3(PA)	2(PA)	2(PA)	2(PA)		Rybelsus (>\$960)	6. Mounjaro - SURPASS-4 post-hoc analysis showed a lower occurrence of the kidney composite (eGFR decline, ESRD,
3(PA)	2(PA)	2(PA)	2(PA)		Trulicity (>\$950)	

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						<p>*Adherence to < 2gm Na⁺ and diabetic diets</p> <p>*Sodium restriction enhances the effect of some anti-hypertensive meds</p> <p>death due to kidney failure, & new onset macroalbuminuria) verses insulin glargin</p> <p>7. Trulicity is FDA approved for reducing the combined endpoints of CV death, MI, or stroke in DM patients with CV disease or at high CV risk (REWIND)</p>

References:

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- 2.) Inker,L. et.al. KDOQI US Commentary on the 2012 KDIGO Clinical Practice Guideline for the Evaluation and Management of CKD. *AM J Kidney Dis*. 63(5):7-13-735. Accessed 10/9/18.
- 3.) Practical Approach to Detection and Management of Chronic Kidney Disease for the Primary Care Clinician. *The American Journal of Medicine* (2016)129, 153-162. Accessed 11/7/19.
- 4.) ElSayed NA, Alepp,G, Aroda VR, et al. American Diabetes Association. Introduction and methodology. Standards of Care in Diabetes – 2023. *Diabetes Care* 2023;46(Suppl.1):S1-S4
- 5.) Humana Gold Plus H1951-048 (HMO) Formulary; online [PDF file], accessed 12/30/25 [Prescription Drug guide - Humana Gold Plus \(HMO\)<p>Humana Community \(HMO\)<p>Humana Gold Plus \(HMO-POS\)<p>Humana Gold Plus Giveback \(HMO-POS\)<p>Humana Gold Plus Giveback \(HMO\)<p>Humana Select Partner Plan \(HMO\)<p>Humana LCMC Advantage \(HMO\)<p>Humana FMOL Baton Rouge \(HMO\)<p>Humana Total Complete \(HMO\)<p>Humana Cleveland Clinic Preferred \(HMO-POS\)](#)
- 6.) Capital Rx Online Formulary; accessed 12/30/25 [RxFlex Formulary Drug Search for Plan - LIBERTY FOR WEB](#)
- 7.) United Healthcare Prescription Drug List; online [PDF file], accessed 12/29/25, <https://www.uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/commercial-pdl-jan-2025.pdf>
- 8.) BCBS 2026 Closed Tier 4 Formulary, online file, accessed 12/29/25. [2026 Closed 4 Tier HCR](#)
- 9.) Pricing information [NADAC \(National Average Drug Acquisition Cost\) 2025 | HealthData.gov](#). accessed 12/30/25

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