



Missouri Pharmacy Program – Preferred Drug List



Statins (HMG Co-A Reductase Inhibitors)

Effective 07/05/2012

Revised 01/09/2014

Preferred Agents

- Lovastatin
- Simvastatin
- Pravastatin
- Lescol/Lescol XL®
- Atorvastatin

Non-Preferred Agents

- Pravigard Pac®
- Pravachol®
- Zetia®
- **Altoprev®**
- Vytorin®
- Crestor®
- Lipitor®
- Livalo®
- Zocor®
- **Liptruzet®**
- **Fluvastatin**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> • Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents 	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030