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

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

Denial Criteria

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