



Missouri Pharmacy Program – Preferred Drug List



Hypercholesterolemia Agents HMG Co-A Reductase Inhibitors (Statins)

Effective 09/01/2004

Revised 07/07/2011

Preferred Agents

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

Non-Preferred Agents

- Pravigard Pac®
- Pravachol®
- Zetia®
- Altocor®
- Vytorin®
- Crestor®
- Lipitor®
- Livalo®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	MAC pricing will be utilized when applicable.
<p>High Potency Statins (Lipitor & Crestor) available first-line with the following: (see Appendix A, Appendix B, and Appendix C)</p> <ul style="list-style-type: none"> ○ Secondary Prevention Disease State Diagnoses <ul style="list-style-type: none"> ▪ Symptomatic Carotid Artery Disease ▪ Peripheral Arterial Disease ▪ Stroke of Carotid Origin ▪ Diabetes Mellitus ▪ Myocardial Infarction ▪ Abdominal Aortic Aneurysm ○ Secondary Prevention Procedures <ul style="list-style-type: none"> ▪ Angioplasty ▪ Stent Placement ▪ Coronary Artery Bypass Graft ▪ Minimally Invasive Heart Surgery ▪ Minimally Invasive Heart Surgery 	Drug Prior Authorization Hotline: (800)392-8030

Appendix A

Secondary Prevention Disease States – Diagnosis Codes

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Myocardial Infarction	410 - 410.92 412	N/A	720 days
Acute Ischemic Heart Disease	411.0 – 411.89	N/A	720 days
Lipoid Metabolism Disorders	272.0 – 272.9	N/A	720 days
Atherosclerosis	440 – 440.9	N/A	720 days
Diabetes Mellitus	250.00 – 250.9	N/A	2 years
	NA	Antidiabetic agents	90 days
Angina Pectoris	413.0 – 413.9	N/A	720 days
Coronary Atherosclerosis	414.0 – 414.9	N/A	720 days
Aortic Aneurysm, Abdominal	441.0 – 441.03 441.3 - 441.4	N/A	720 days
Atheroembolism	445.0 – 445.89	N/A	720 days
Stroke	434.0 – 434.9	N/A	720 days
Arteries & Arterioles (Other Disorders)	447.0 – 447.9	N/A	720 days

Appendix B

Secondary Prevention Procedure Codes

Condition	Submitted CPT Procedure Codes	Inferred Drugs	Date Range
Coronary Artery Bypass Graft (CABG)	33510-33514 Coronary artery bypass, vein only 33517-33519, 33521-55323 Coronary artery bypass, using venous graft(s) and arterial graft(s) 33533-33536 Coronary artery bypass, using arterial graft(s)	N/A	270 days
Percutaneous coronary intervention (with or without stent)	92973 Percutaneous transluminal coronary thrombectomy 92980-99281 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method 92982, 92984 Percutaneous transluminal coronary balloon valvuloplasty 92986-92987, 99290 Percutaneous balloon valvuloplasty 92995-92998 Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty	N/A	270 days

Appendix C

Antidiabetic drugs can be found in the following edits :

- Biguanides PDL
- 2nd Generation Sulfonylureas PDL
- Alpha-Glucosidase Inhibitors PDL
- Amylin Analogues PDL
- Antidiabetic Combinations PDL
- DPP-IV Inhibitors PDL
- GLP-1 Agonists PDL
- Insulins PDL
- Insulins – Long Acting PDL
- Insulins – Mix PDL
- Insulins – Rapid Acting PDL
- Meglitinides PDL
- Thiazolidinediones Clinical Edit PDL