



Missouri Pharmacy Program – Preferred Drug List



Proprotein Convertase Subtilisin Kexin type 9 (PCSK9) Binders

Effective 01/10/2019

Revised 01/09/2020

Preferred Agents

- **Repatha® (Amgen USA Mft)**

Non-Preferred Agents

- Praluent™
- **Repatha® (Non-Amgen USA Mft)**

Approval Criteria

- Documented diagnosis of hypercholesterolemia or clinical atherosclerotic cardiovascular disease in the past year **AND**
- Documented compliance on high dose statin therapy defined as 90 out of 120 days or documentation of intolerance to statin therapy **AND**
- Documentation of current lipid profile no less than 3 months old **AND**
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents:
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents
- Documentation of cholesterol goals and current LDL levels required for renewal of authorization

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030