



Missouri Pharmacy Program – Preferred Drug List



Lipotropic Agents: Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Binder

Effective 01/10/2019

Preferred Agents

- Repatha

Non-Preferred Agents

- Praluent

Approval Criteria

- Diagnosis of hypercholesterolemia and/or clinical atherosclerotic cardiovascular disease
- 3 months on the highest dose tolerated of a statin or documentation of intolerance to statin therapy
- Compliance on current therapy with no more than a 7-day gap between fills
- Current lipid profile no less than 3 months old
- Must submit a goal for cholesterol and LDL levels after 6 months of treatment that much be reached to renew refill authorization

Denial Criteria

- No indicated diagnosis
- Lack of 3-month trial of maximum tolerated dose of a statin or lack of documentation of intolerance to statin therapy
- More than a 7-day gap between fills
- No current lipid profile
- No submitted goals to reach after 6 months of treatment
- Drug Prior Authorization Hotline: (800) 392-8030