



Missouri Pharmacy Program – Preferred Drug List



Lipotropic Agents: Statins (HMG Co-A Reductase Inhibitors) and Combination Products

Effective 07/05/2012

Revised 01/10/2019

Preferred Agents

- Atorvastatin
- Lovastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Non-Preferred Agents

- Altoprev®
- Amlodipine-Atorvastatin
- Caduet
- Crestor®
- Ezetimibe
- Ezetimibe / Simvastatin
- Fluvastatin
- Fluvastatin ER
- Lescol XL®
- Lipitor®
- Livalo®
- Pravachol®
- Vytorin®
- Zetia®
- Zocor®
- Zypitamag

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

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