



Missouri Pharmacy Program – Preferred Drug List



Low Molecular Weight Anticoagulants

Effective 11/07/2007

Revised 07/03/2008

Preferred Agents

- Arixtra®
- Fragmin®
- Lovenox®

Non-Preferred Agents

- Innohep®

<u><i>Approval Criteria</i></u>	<u><i>Denial Criteria</i></u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 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.	Drug Prior Authorization Hotline: (800) 392-8030.