



Missouri Pharmacy Program – Preferred Drug List



Low Molecular Weight Anticoagulants

Effective 11/07/2007

Revised 07/07/2011

Preferred Agents

- Arixtra®
- Fragmin®
- Lovenox®

Non-Preferred Agents

- Innohep®
- **Enoxaparin**

<u>Approval Criteria</u>	<u>Denial Criteria</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	Innohep Therapy Elderly (aged 65 years or older) <i>Documented Renal Insufficiency</i>
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030