



Missouri Pharmacy Program – Preferred Drug List



TriGlyceride Lowering Agents

Effective 12/06/2006

Revised 07/07/2011

Preferred Agents

- Gemfibrozil
- Tricor®
- Trilipix®

Non-Preferred Agents

- Triglide®
- Lovaza
- Lofibra®
- Fenoglide®
- Antara®
- Fibracor®
- Fenofibrate
- Lipofen®
- Fenofibric Acid

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030