



## Missouri Pharmacy Program – Preferred Drug List



### Beta Adrenergic Agents – Long Acting

*Effective 07/11/2013*

*Revised 07/09/2015*

#### Preferred Agents

- Foradil®

#### Non-Preferred Agents

- Serevent Diskus®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> <li>• Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents               <ul style="list-style-type: none"> <li>○ Documented trial period for preferred agents</li> <li>○ Documented ADE/ADR to preferred agents</li> </ul> </li> </ul>	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"> <li>• Documented compliance on current therapy regimen</li> </ul>	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030