



Missouri Pharmacy Program – Preferred Drug List



COPD Anticholinergics

Effective: 07/05/2005

Revised 07/07/2011

Preferred Agents

- Ipratropium Solution
- Atrovent® HFA
- Combivent® MDI
- Spiriva® HandiHaler
- Ipratropium-Albuterol

Non-Preferred Agents

- DuoNeb®
- Brovana®
- Perforomist®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial for 3 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.