



Missouri Pharmacy Program – Preferred Drug List



Antibiotic Agents - Inhaled

Effective 05/21/2008

Revised 07/11/2019

Preferred Agents

- Bethkis®
- Kitabis® Pak
- Tobi Podhaler®

Non-Preferred Agents

- **Arikayce®**
- Cayston®
- TOBI®
- Tobramycin Inhaled
- Tobramycin Pak

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- Tobi Podhaler (only)
 - Available after trial on tobramycin inhaled product

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030