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

**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