Missouri Pharmacy Program – Preferred Drug List

Beta Adrenergic Agents – Long Acting

Effective 07/11/2013
Revised 07/11/2019

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Serevent Diskus®</td>
<td>• Arcapta® Neohaler®</td>
</tr>
<tr>
<td>• Brovana®</td>
<td>• Brovane®</td>
</tr>
<tr>
<td>• Perforomist®</td>
<td>• Striverdi Respimat®</td>
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</tbody>
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Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

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