Missouri Pharmacy Program – Preferred Drug List

COPD Anticholinergic Agents

Effective 07/05/2012
Revised 07/11/2019

Preferred Agents

• Atrovent HFA®
• Combivent Respimat®
• Ipratropium Soln
• Ipratropium-Albuterol
• Spiriva HandiHaler®
• Stiolto Respimat®
• Utibron Neohaler®

Non-Preferred Agents

• Anoro Ellipta®
• Bevespi Aerosphere™
• Daliresp®
• Incruse Ellipta®
• Lonhala™ Magnair™
• Seebri Neohaler®
• Spiriva Respimat®
• Trelegy Ellipta®
• Tudorza Pressair®
• Yupelri™

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agent
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents
• Documented compliance on current therapy regimen
• Trelegy Ellipta
  o Documented trial with 3 or more preferred agents, including 1 preferred LAMA-LABA
• Anoro Ellipta
  o Documented trial with 3 or more preferred agents, including 2 preferred LAMA-LABA

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