



## 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
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- **Trelegy Ellipta**
  - **Documented trial with 3 or more preferred agents, including 1 preferred LAMA-LABA**
- **Anoro Ellipta**
  - **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