



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids Oral - Inhaled

Effective 07/11/2013

Revised 07/11/2019

Preferred Agents

- Budesonide Respules
- Dulera®
- Flovent® HFA
- Fluticasone/Salmeterol (gen Advair Diskus®)
- Symbicort®
- Wixela™ Inhub™

Non-Preferred Agents

- Advair® HFA
- Advair Diskus®
- Aerospan® HFA
- AirDuo™ Respiclick®
- Alvesco®
- Armonair™ Respiclick®
- Arnuity Ellipta®
- Asmanex® HFA and **Twisthaler**
- Breo™ Ellipta™
- Flovent Diskus®
- Fluticasone/Salmeterol (gen AirDuo™)
- Pulmicort® Flexhaler
- Pulmicort® Respules
- QVAR®
- QVAR® Redihaler™

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period for preferred agents
 - 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