



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids – Ophthalmic “Soft Steroids”

Effective 07/11/2019

Preferred Agents

- Durezol®

Non-Preferred Agents

- Alrex®
- Inveltys™
- Lotemax® Drops/Gel/Oint
- Lotemax® SM Gel
- Loteprednol 0.5% Drops (gen Lotemax®)

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agent
 - 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