



Missouri Pharmacy Program – Preferred Drug List



Leukotriene Modifiers

Effective 01/10/2013

Revised 07/11/2019

Preferred Agents

- Montelukast Gran Pak
- Montelukast Tabs/Chew

Non-Preferred Agents

- Accolate®
- Singulair® Gran Pak
- Singulair® Tabs/Chew
- Zafirlukast
- Zileuton ER
- Zyflo®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 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