



## Missouri Pharmacy Program – Preferred Drug List



### COPD Anticholinergic Agents

Effective 07/05/2012

Revised 07/12/2018

#### Preferred Agents

- Atrovent® HFA
- **Bevespi Aerosphere®**
- Combivent Respimat®
- Ipratropium Solution
- Ipratropium-Albuterol
- **Seebri Neohaler®**
- Spiriva® HandiHaler
- **Stiolto Respimat®**
- **Utibron Neohaler®**

#### Non-Preferred Agents

- Anoro Ellipta®
- Daliresp®
- DuoNeb®
- Incruse™ Ellipta®
- Spiriva Respimat®
- **Trelegy Ellipta®**
- Tudorza™ Pressair®

### 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
- Documented compliance on current therapy regimen

### 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