



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids Oral – Inhaled

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

- Advair Diskus®
- Asmanex® Twisthaler
- Dulera®
- Flovent HFA®
- Pulmicort Respules®
- Symbicort®

Non-Preferred Agents

- Advair® HFA
- Aerospan HFA®
- **AirDuo RespiClick®**
- Alvesco®
- **ArmonAir RespiClick®**
- Arnuity™ Ellipta®
- Asmanex® HFA
- Breo Ellipta®
- **Budesonide Respules**
- Flovent Diskus®
- Pulmicort® Flexhaler
- **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
- 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