Missouri Pharmacy Program – Preferred Drug List

Leukotriene Modifiers

*Effective 01/10/2013*
*Revised 07/09/2015*

**Preferred Agents**
- Accolate®
- Montelukast Gran
- Montelukast Tabs/Chew

**Non-Preferred Agents**
- Singulair® Gran
- Singulair® Tabs/Chew
- Zafirlukast
- Zyflo®
- Zyflo® CR

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<th>Approval Criteria</th>
<th>Denial Criteria</th>
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| • Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents  
  o Documented trial period for preferred agents  
  o Documented ADE/ADR to preferred agents | Lack of adequate trial on required preferred agents |
| • Documented compliance on current therapy regimen | Therapy will be denied if no approval criteria are met |

Drug Prior Authorization Hotline: (800) 392-8030