



## Missouri Pharmacy Program – Preferred Drug List



### Leukotriene Modifiers

Effective 01/10/2013

Revised 07/12/2018

#### Preferred Agents

- Montelukast Packet (Granules)
- Montelukast Tabs/Chew

#### Non-Preferred Agents

- Accolate®
- Singulair® Granules
- Singulair® Tabs/Chew
- Zafirlukast
- **Zileuton® ER**
- Zflo®
- Zflo® CR

### 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
- 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