



Missouri Pharmacy Program – Preferred Drug List



Prostaglandin Agonists (Glaucoma Agents)

Effective 05/03/2006

Revised 07/12/2018

Preferred Agents

- Latanoprost
- Simbrinza®
- Travatan Z®

Non-Preferred Agents

- Bimatoprost
- Lumigan®
- Rescula®
- Travoprost
- Xalatan®
- Zioptan®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 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