



Missouri Pharmacy Program – Preferred Drug List



Glaucoma Agents

Effective 05/03/2006

Revised 07/11/2019

Preferred Agents

- Latanoprost
- Travatan Z[®]

Non-Preferred Agents

- Bimatoprost
- Lumigan[®]
- Rhopressa[®]
- Simbrinza[®]
- Vyzulta[™]
- Xalatan[®]
- Xelpros[™]
- 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

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