



## Missouri Pharmacy Program – Preferred Drug List



### **COPD Anticholinergics**

**Effective: 07/05/2005**

**Revised 07/02/2009**

#### **Preferred Agents**

- Ipratropium Solution
- Atrovent® HFA
- Combivent® MDI
- Spiriva® HandiHaler
- **Ipratropium-Albuterol**

#### **Non-Preferred Agents**

- DuoNeb®
- Brovana®
- Perforomist®

#### **Approval Criteria**

Failure to achieve desired therapeutic outcomes with trial for 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.