



Missouri Pharmacy Program – Preferred Drug List



Inhaled Corticosteroids

Effective 12/01/2004

Revised 07/02/2009

Preferred Agents

- QVAR
- Azmacort®
- Aerobid/Aerobid-M®
- Flovent HFA®
- Flovent Diskus®
- Advair Diskus®
- Advair HFA®
- Asmanex®
- **Symbicort®**

Non-Preferred Agents

- Pulmicort® Flexhaler
- **Alvesco®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030