



Missouri Pharmacy Program – Preferred Drug List



Antiemetics

Effective 07/05/2007

Revised 07/07/2011

Preferred Agents

(Available with Clinical Edits)

- Ondansetron Solution
- Ondansetron ODT
- Ondansetron Tablets

Non-Preferred Agents

(Available with Clinical Edits)

- Lotronex®
- Kytril Tablets/Solution
- Granisetron Tabs
- Anzemet Tablets
- Zofran® Solution
- Zofran® ODT
- Zofran® Tablets
- Emend® Oral
- **Sancuso®**
- **Zuplenz®**
- **Metozolov ODT®**
- **Aloxi®**

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	Lack of adequate trial on required preferred agents
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	
Lotronex therapy <ul style="list-style-type: none"> ○ IBS with severe diarrhea as primary bowel symptom ○ Female 	
Emend therapy <ul style="list-style-type: none"> ○ Maximum quantity 3 doses per chemotherapy course ○ Maximum quantity 1 dose within 3 hours prior to inductions of anesthesia 	Drug Prior Authorization Hotline: (800) 392-8030.