



## Missouri Pharmacy Program – Preferred Drug List



### 2nd Generation Antihistamines 2nd Generation Antihistamine/Decongestant Combinations

**Effective 05/21/2008**

Revised 01/10/2013

#### Preferred Agents

- Loratadine OTC Tabs
- Loratadine Syrup OTC
- Loratadine Rapid-Dissolve Tabs – OTC
- Loratadine OTC Chew Tabs
- Cetirizine OTC Syrup\*\*
- Cetirizine RX Syrup\*\*
- Cetirizine OTC Tabs
- Alavert
- Zyrtec® OTC Chew Tabs
- Loratadine-D 12H OTC Tabs
- Loratadine-D 24H OTC Tabs
- Cetirizine-D OTC
- Alavert-D

#### Non-Preferred Agents

- Claritin® RX Tabs
- Claritin Syrup® RX
- Claritin Redi-Tabs® RX
- Zyrtec® RX Chews
- Zyrtec® RX Tabs
- Zyrtec® RX Syrup
- Cetirizine OTC Chew Tabs
- Allegra® RX Tabs/ODT
- Allegra® RX Susp
- **Allegra® Susp OTC**
- **Allegra® Tabs OTC**
- **Allegra® ODT OTC**
- Clarinex® Tabs
- Clarinex® Redi-Tabs
- Clarinex® Syrup\*\*
- Claritin® OTC Syrup
- Claritin® OTC Tabs
- Claritin® OTC Chew
- Claritin® OTC ODT
- Fexofenadine OTC
- Fexofenadine RX
- Zyrtec® OTC Syrup
- Zyrtec® OTC Tabs
- Xyzal® Tabs
- Xyzal® Solution
- Levocetirizine Tabs
- **Levocetirizine Soln**
- **Desloratadine**
- Claritin-D ® OTC Tabs
- Zyrtec-D® RX Tabs
- Zyrtec-D® OTC Tabs
- Allegra-D® RX Tabs

- **Allegra-D® OTC**
- Clarinex-D® 24H Tabs
- Clarinex-D® 12H Tabs
- Semprex-D®
- Fexofenadine/D OTC

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030