



Missouri Pharmacy Program – Preferred Drug List



Antihistamine/Decongestant Combinations – Low Sedating

Effective 07/13/2017

Revised 07/11/2019

Preferred Agents

- Cetirizine-D OTC
- Loratadine-D OTC

Non-Preferred Agents

- Alavert-D®
- Allegra-D®
- Clarinex-D®
- Claritin-D®
- Fexofenadine-PSE
- Semprex-D®
- Zyrtec-D®

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