



Missouri Pharmacy Program – Preferred Drug List



Antihistamines – Low Sedating

Effective 07/13/2017

Revised 07/11/2019

Preferred Agents

- Cetirizine OTC Tabs
- Cetirizine RX Soln
- Levocetirizine Rx Tabs
- Loratadine OTC Tabs/Soln
- Loratadine OTC Soln/Tabs/RapDis Tabs

Non-Preferred Agents

- Allegra®
- Cetirizine OTC Soln/Caps/Chew Tabs
- Clarinex®
- Claritin®
- Desloratadine
- Fexofenadine
- Levocetirizine OTC Tabs
- Levocetirizine Rx Soln
- Loratadine OTC Caps/Chew Tabs
- Xyzal®
- Zyrtec®

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