



Missouri Pharmacy Program – Preferred Drug List



Antihistamines - Ophthalmic

Effective 07/11/2013

Revised 07/11/2019

Preferred Agents

- Alaway® OTC
- Ketotifen OTC
- Olopatadine 0.1% (gen Patanol®)
- Pazeo®
- Zaditor® OTC

Non-Preferred Agents

- Azelastine 0.05%
- Bepreve®
- Epinastine
- Lastacaft®
- Olopatadine 0.2% (gen Pataday®)
- Pataday®
- Patanol®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period of 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