



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids - Intranasal

Effective 07/11/2013

Revised 07/11/2019

Preferred Agents

- Fluticasone Nasal Rx

Non-Preferred Agents

- Beconase AQ®
- Budesonide Nasal
- Dymista®
- Flonase®
- Flonase® Sensimist™
- Flunisolide
- Fluticasone OTC
- Mometasone Furoate
- Nasacort® OTC
- Nasonex® Rx
- Omnaris®
- Qnasl®
- Rhinocort® Allergy OTC
- Sinuva™
- **Triamcinolone Nasal**
- Xhance™
- Zetonna®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agent
 - 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