



Missouri Pharmacy Program – Preferred Drug List



Mast Cell Stabilizers - Ophthalmic

Effective 01/10/2013

Revised 07/11/2019

Preferred Agents

- Cromolyn Sodium Ophth

Non-Preferred Agents

- Alocril®
- Alomide®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 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