



Missouri Pharmacy Program – Preferred Drug List



2nd Generation Antihistamines

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

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

Non-Preferred Agents

- Alavert OTC
- Allegra® Allergy Tabs/Gelcaps
- Allegra® Allergy OTC Tab ODT
- Allegra® Allergy Susp OTC
- Cetirizine OTC Chew Tabs/Caps
- Cetirizine OTC Soln
- Clarinex® Rx Tabs/Soln
- Clarinex® RediTabs
- Claritin® OTC Tabs/RediTabs
- Claritin® OTC Liqui-Gels
- Claritin® Children's OTC Chew
- Claritin® Children's OTC Syrup
- Claritin® Children's OTC ODT
- Desloratadine Rx Tabs/ODT
- Fexofenadine OTC 60mg,180mg
- Fexofenadine OTC ODT Tab
- Fexofenadine OTC Susp
- Fexofenadine Rx 60mg,180mg
- Levocetirizine Rx Soln
- Loratadine OTC Chew Tabs
- **Loratidine Capsules OTC**
- **Xyzal® Allergy 24HR Tabs**
- Xyzal® Rx Tabs/Soln
- Zyrtec® OTC Tabs/Liqui-Gels
- Zyrtec® OTC ODT
- Zyrtec® Rx Tabs
- Zyrtec® Children's OTC Syrup
- Zyrtec® Children's OTC ODT

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
- Documented compliance on current therapy regimen

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