



Missouri Pharmacy Program – Preferred Drug List



2nd Generation Antihistamine/Decongestant (Low-Sedating) Combinations

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

- Cetirizine-D OTC
- Loratadine-D 12H OTC
- Loratadine-D 24H OTC

Non-Preferred Agents

- Alavert-D
- Allegra-D® 12H / 24H OTC
- Clarinex-D® 12H Tabs OTC
- Claritin-D® 12H / 24H OTC
- Fexofenadine-D 12H OTC
- Semprex-D® RX
- Zyrtec-D® 12H OTC

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