



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids and Rhinitis Agents – Intranasal

Effective 07/11/2013

Revised 12/14/2018

Preferred Agents

- Fluticasone Nasal RX
- Ipratropium Nasal RX
- **Triamcinolone Nasal OTC**

Non-Preferred Agents

- Beconase AQ®
- Budesonide Nasal OTC
- Dymista®
- Flonase Allergy Relief OTC
- Flonase® Sensimist OTC
- Flunisolide RX Nasal
- Fluticasone Nasal OTC
- Mometasone Furoate RX
- **Nasacort Allergy 24HR OTC**
- Nasonex® RX
- Omnaris®
- Qnasl®
- Qnasl Childrens®
- Rhinocort® Allergy OTC
- Sinuva®
- Ticalast® Therapy Pack
- Ticanase®
- Ticaspray®
- Triamcinolone RX Nasal
- Veramyst®
- Xhance®
- Zetonna®

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