



## Missouri Pharmacy Program – Preferred Drug List



### Mast Cell Stabilizers – Ophthalmic

Effective 01/10/2013

Revised 07/12/2018

#### Preferred Agents

- Cromolyn Sodium

#### Non-Preferred Agents

- Alocril®
- Alomide®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 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