



Missouri Pharmacy Program – Preferred Drug List



Antihistamines and Allergy Agents – Ophthalmic

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

- Ketotifen OTC
- Olopatadine (generic Patanol)
- Pazeo®
- Zaditor® OTC

Non-Preferred Agents

- Alrex®
- Azelastine
- Bepreve®
- Elestat®
- Emadine®
- Epinastine
- Lastacaft®
- **Olapatadine (generic Pataday®)**
- Pataday®
- Patanol

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