



## Missouri Pharmacy Program – Preferred Drug List



### Intranasal Antihistamines

**Effective 06/24/2009**

Revised 01/05/2012

#### Preferred Agents

- Patanase®
- Astepro®
- Astelin®

#### Non-Preferred Agents

- Azelastine Nasal

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Appropriate ages per product Age range: 5 years old to adult: Astepro® and Astelin® Age range: 6 years old to adult: Patanase®	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents	Therapy will be denied if no approval criteria are met
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030