



## Missouri Pharmacy Program – Preferred Drug List



### Intranasal Steroids

**Effective 03/16/2005**

Revised 01/05/2012

#### Preferred Agents

- Nasonex®
- Nasacort AQ®
- Fluticasone Nasal Spray
- Flunisolide
- Beconase AQ®

#### Non-Preferred Agents

- Atrovent Nasal®
- Rhinocort Aqua®
- Flonase®
- Veramyst®
- Omnaris®
- Triamcinolone Nasal
- Tri-Nasal®
- Nasarel®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030