



Missouri Pharmacy Program – Preferred Drug List



2nd Generation Antihistamines

2nd Generation Antihistamine/Decongestant Combinations

Effective 11/01/2004

Revised 01/05/2012

Preferred Agents

- Loratadine OTC Tabs
- Loratadine Syrup OTC
- Loratadine Rapid-Dissolve Tabs – OTC
- **Loratadine OTC Chew Tabs**
- Cetirizine OTC Syrup
- **Cetirizine RX Syrup**
- Cetirizine OTC Tabs
- Alavert
- Loratadine-D 12H OTC Tabs
- Loratadine-D 24H OTC Tabs
- Cetirizine-D OTC
- Alavert-D

Non-Preferred Agents

- Claritin® RX Tabs
- Claritin Syrup® RX
- Claritin Redi-Tabs® RX
- Zyrtec® RX Chews
- Zyrtec® RX Tabs
- Zyrtec® RX Syrup**
- **Cetirizine OTC Chew Tabs**
- Allegra® Susp
- Clarinex® Tabs
- Clarinex® Redi-Tabs
- Clarinex® Syrup**
- Claritin® OTC Syrup
- Claritin® OTC Tabs
- Claritin® OTC ODT
- Fexofenadine OTC
- Zyrtec® OTC Syrup
- Zyrtec® OTC Tabs
- Zyrtec® OTC Chew Tabs
- Xyzal® Tabs
- Xyzal® Solution
- **Levocetirizine Tabs**
- Claritin-D 12H® RX Tabs
- Claritin-D 24H® RX Tabs
- Zyrtec-D® RX Tabs
- Zyrtec-D® OTC Tabs
- Allegra-D® 12H Tabs
- Allegra-D® 24H Tabs
- Clarinex-D® 24H Tabs
- Clarinex-D® 12H Tabs
- Semprex-D®
- Fexofenadine/PSE OTC

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial and on 2 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