



## Missouri Pharmacy Program – Preferred Drug List



### ***Intranasal Steroids***

**Effective 03/16/05**

**Revised 01/07/2010**

#### **Preferred Agents**

- Nasonex®
- Nasacort AQ®
- Fluticasone Nasal Spray
- Flunisolide (generic Nasalide)
- Flunisolide (generic Nasarel)

#### **Non-Preferred Agents**

- Tri-Nasal®
- Nasalide®
- Nasarel®
- Beconase AQ®
- Rhinocort Aqua®
- Flonase®
- Veramyst®
- Omnaris®

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