



Missouri Pharmacy Program – Preferred Drug List



Topical Agents for Psoriasis

Effective 12/31/2008

Revised 07/09/2015

Preferred Agents

- Calcipotriene Soln
- Vectical®

Non-Preferred Agents

- Calcipotriene Oint/Cream
- Calcitrene
- Calcitriol®
- Clobeta® + Plus Kit
- Soriatane
- Soriatane® CK
- Sorilux® Foam
- Taclonex® Oint/Scalp
- **Calcipotriene-Betameth Oint**
- **Dovonex Cream**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> • Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents 	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"> • Documented compliance on current therapy regimen 	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030