



## Missouri Pharmacy Program – Preferred Drug List



### ***Intravaginal Antibiotics***

**Effective 06/16/2009**

Revised 01/06/2011

#### **Preferred Agents**

- Metronidazole Vaginal Gel
- Vandazole™
- Clindamycin Vaginal Cream

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

- Cleocin® Vaginal Cream
- ClindaMax™ Vaginal Cream
- MetroGel® Vaginal Cream
- Clindesse®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 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.