



Missouri Pharmacy Program – Preferred Drug List



Actinic Keratosis Agents – Topical

Effective 07/13/2017

Revised 07/11/2019

Preferred Agents

- Fluorouracil 5% Crm (gen Efudex®)
- Fluorouracil Soln
- Imiquimod (gen Aldara®)

Non-Preferred Agents

- Aldara®
- Carac®
- Diclofenac 3% Gel
- Efudex® Crm
- Fluorouracil 0.5% Crm (gen Carac®)
- Imiquimod 3.75% (gen Zyclara® Pump)
- Picato®
- Solaraze® 3%
- Tolak™
- Zyclara®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030