



## Missouri Pharmacy Program – Preferred Drug List



### Antiparasitic Agents – Topical

Effective 08/15/2013

Revised 10/03/2019

#### Preferred Agents

- Natroba™
- Permethrin OTC/Rx Crm

#### Non-Preferred Agents

- Crotan™ 10% Lot
- Elimite® Crm
- Eurax®
- Lindane
- Malathion Lot
- Nix® Complete Kit
- Ovide®
- **Sklice®**
- Spinosad
- Ulesfia®
- VanaLice™

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
- Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

### 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