



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids – Topical

Effective 07/11/2013

Revised 07/11/2019

Preferred Agents

- Betamethasone Dip Lot
- Betamethasone Val Crm/Lot/Oint
- **Clobetasol Emollient**
- Clobetasol Prop Crm/Gel/Oint/Soln
- **Diflorasone Oint**
- Fluticasone Prop Crm/Oint
- Hydrocortisone Rx Crm/Oint/Lot
- Hydrocortisone OTC Crm/Oint
- Mometasone Fur Crm/Oint/Soln
- **Proctozone-HC**
- Triamcinolone Crm/Oint/Lot

Non-Preferred Agents

- **Ala-Cort®**
- Ala-Scalp® 2% Lotion
- **Alclometasone Dip Crm/Oint**
- **Amcinonide Crm/Oint/Lot**
- Apexicon E®
- Betamethasone Dip Aug Crm (gen Diprolene AF)
- Betamethasone Dip Aug Gel (gen AlphaTrex)
- Betamethasone Dip Aug Lot/Oint
- **Betamethasone Dip Crm/Oint**
- Betamethasone Val Foam (gen Luxiq)
- **Bryhali™ Lot**
- Capex® Shampoo
- **Clobetasol Emulsion Foam**
- Clobetasol Prop Foam/Lot/Shampoo/Spray
- Clobex® Lot/Shampoo/Spray
- Clocortolone Crm
- Clodan® Kit/Shampoo
- Cloderm®
- **Cordran® Oint/Tape**
- Cutivate® Crm/Lot
- Derma-Smoothe FS®
- Dermatop® Crm/Oint
- Desonate® Gel
- Desonide Crm/Oint/Lot
- Desowen® Crm/Lot
- Desoximetasone 0.25% Spray
- Desoximetasone Crm/Gel/Oint
- Diflorasone Discet Crm
- Diprolene® Crm/Oint/Lot
- Elocon® Crm/Oint/Lot
- **Epifoam®**
- Fluocinolone Crm/Oint/Soln/Oil
- Fluocinonide Crm/Gel/Oint/Soln
- Fluocinonide Emollient
- Flurandrenolide Crm/Oint/Lot
- Fluticasone Lot
- Halobetasol Prop Crm/Foam/Oint
- Halog® Crm/Oint

Non-Preferred Agents (cont.)

- Hydrocortisone Absorbace Rx
- Hydrocortisone Buty Crm/Emol/Oint/Soln/Lot
- **Hydrocortisone Gel**
- Hydrocortisone Lot OTC
- Hydrocortisone Val Crm/Oint
- Hydrocortisone/Aloe
- **Impoiz™**
- Kenalog® Aerosol
- **Lexette™ Foam**
- Locoid® Crm/Oint/Lot/Sol/Lipocream
- Luxiq®
- Micort-HC®
- **Nolix™**
- **Nucort™**
- Olux®
- Olux-E®
- Pandel®
- Prednicarbate Crm/Oint
- Psorcon®
- **Scalpicin® OTC**
- **Sernivo™ Spray**
- Synalar® Crm/Oint/Soln/Kit
- Temovate® Crm/Oint
- **Texacort™**
- Topicort® Crm/Gel/Oint/Spray
- Triamcinolone Acetonide Aerosol
- Trianex® Oint
- **Triderm™**
- Tridesilon®
- Ultravate® Crm/Oint/Lot
- Ultravate® Pac Crm/Oint
- Ultravate® Pac X Crm/Oint
- Vanos®
- Verdeso®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 4 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