



Missouri Pharmacy Program – Preferred Drug List



Psoriasis Agents – Oral

Effective 07/13/2017

Revised 07/11/2019

Preferred Agents

- Acitretin

Non-Preferred Agents

- Methoxsalen
- Methoxsalen Rapid
- Oxsoralen-Ultra®
- Soriatane®

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