



Missouri Pharmacy Program – Preferred Drug List



Psoriasis Agents – Topical

Effective 05/07/2008

Revised 07/11/2019

Preferred Agents

- Calcipotriene Soln
- Dovonex[®] Crm
- Vectical[®]

Non-Preferred Agents

- Calcipotriene Crm/Oint
- Calcipotriene/Betamethasone
- **Calcitrene[®]**
- **Calcitriol Oint**
- Dritho-Crème[®] HP
- Enstilar[®]
- **Sernivo[®]**
- Sorilux[®] Foam
- Taclonex[®] Oint
- Taclonex[®] Scalp[®]
- **Zithranol[®] 1% Shampoo**

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 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