



## Missouri Pharmacy Program – Preferred Drug List



### Actinic Keratosis Agents – Topical

Effective 07/13/2017

Revised 07/12/2018

#### Preferred Agents

- Fluorouracil Cream  
(generic Efudex®)
- Fluorouracil Solution
- Imiquimod

#### Non-Preferred Agents

- Aldara®
- Carac®
- Diclofenac (3%) Gel
- Fluorouracil Cream (gen Carac)
- Efudex® Cream

### 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
- 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