



Missouri Pharmacy Program – Preferred Drug List



Corticosteroids – Topical

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

- Alclometasone Diprop Cr/Oint
- Betamethasone Diprop Cr/Lot
- Betamethasone Val Cr/Oint/Lot
- Clobetasol Propionate Cr/Oint/Sol/Gel
- Clobetasol Emollient
- Fluticasone Propionate Cr/Oint
- Hydrocortisone Cream/Oint OTC
- Hydrocortisone Cream/Oint RX
- Hydrocortisone Lotion RX
- Mometasone Furoate Cr/Oint/Sol
- Triamcinolone Acetonide Cream
- Triamcinolone Acetonide Oint
- Triamcinolone Acetonide Lotion

Non-Preferred Agents

- Amcinonide Cream/Oint/Lotion
- Apexicon E®
- Betamethasone Dipropionate Gel/Oint
- Betamethasone Diprop/Prop Gly Cream/Ointment/Lotion
- Betamethasone Valerate Foam
- Capex® Shampoo
- Clobetasol Lotion
- Clobetasol Propionate Foam/Spray/Shampoo
- Clobex® Lot/Spray/Shampoo
- Clocortolone Cream
- Clodan® Kit
- Cloderm®
- Cordran® Tape
- Cutivate® Lotion
- DermacinRx Silapak/Silazone® Kit
- Derma-Smoothe-FS®
- Dermatop® Cream/Ointment
- Desonate® Gel
- Desonide Cream/Ointment
- Desonide Lotion
- Desowen® Lotion
- Desoximetasone Cr/Oint/Gel
- Diflorasone Diacetate Cr/Oint
- Diprolene® Ointment/Lotion
- Diprolene AF® Cream
- **Elizia® Pak**
- Elocon® Cream/Oint/Solution
- Fluocinolone Acet Cr/Oint/Soln
- Fluocinolone 0.01% Oil
- Fluocinonide Cr/Oint/Soln/Gel

Non-Preferred Agents (cont.)

- Fluocinonide Emollient
- Fluticasone Propionate Lotion
- Halobetasol Propionate Cr/Oint
- Halog® Cream/Ointment
- Hydrocortisone Lotion OTC
- Hydrocortisone Acetate/Urea
- Hydrocortisone Acetate Cr/Oint OTC
- **Hydrocortisone Butyrate Cream**
- Hydrocortisone Butyrate Ointment/Emollient/Solution
- Hydrocortisone Valerate Cr/Oint
- Hydrocortisone/Min Oil/Pet Oint
- Hydrocortisone – Aloe Cr OTC
- Kenalog® Aerosol
- Locoid Lipocream®
- Luxiq®
- Micort-HC®
- Neosporin OTC
- Olux®/Olux-E®
- Pandel®
- Pediderm® HC/TA
- Prednicarbate Cream/Ointment
- Scalpicin® OTC
- Synalar® Cream/Ointment
- Synalar® Solution/Kit
- Synalar TS® Kit
- Temovate® Cream/Ointment
- Texacort®
- Topicort® Cream/Ointment
- Topicort® Gel/Spray
- Trianex® Oint
- Triamcinolone Aceton Aerosol
- Ultravate® Cream/Ointment/**Lotion**
- Ultravate X® Cream/Ointment
- Vanos®
- Verdeso® Foam

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
- 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