Missouri Pharmacy Program – Preferred Drug List

Vaginal Antibiotics

Effective 06/16/2009
Revised 10/03/2019

Preferred Agents
- Cleocin® Vaginal Ovules
- Clindesse
- Nuvessa® Vaginal Gel

Non-Preferred Agents
- Cleocin® Vaginal Crm
- Clindamycin Vaginal Crm
- MetroGel Vaginal® Gel
- Metronidazole Vaginal Gel
- Solosec™
- Vandazole® Vaginal Gel

Approval Criteria
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents OR 1 preferred agent and oral metronidazole
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents
- For Solosec:
  o All above criteria AND
  o Participant age ≥ 18 years AND
  o Documented diagnosis of bacterial vaginosis in the past 30 days

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