



Missouri Pharmacy Program – Preferred Drug List



Intravaginal Antibiotics

Effective 06/16/2009

Revised 10/04/2018

Preferred Agents

- Cleocin® Vaginal Ovules
- Clindesse
- **Nuversa® Vaginal Gel**

Non-Preferred Agents

- Cleocin® Vaginal Cream
- **Clindamycin Vaginal Cream**
- MetroGel® Vaginal Gel
- **Metronidazole Vaginal Gel**
- **Vandazole Vaginal Gel**

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agent
 - 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