



Missouri Pharmacy Program – Preferred Drug List



Psoriasis Agents – Topical

Effective 12/31/2008

Revised 07/12/2018

Preferred Agents

- Calcipotriene Solution
- Dovonex® Cream
- Vectical®

Non-Preferred Agents

- Calcipotriene Cream/Ointment
- Calcipotriene-Betamethasone Oint
- Calcitrene® Ointment
- Calcitriol Ointment
- Enstilar®
- Sorilux® Foam
- Taclonex® Ointment/Scalp

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 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