



Missouri Pharmacy Program – Preferred Drug List



Antifungal Agents – Topical

Effective 03/20/2014

Revised 07/12/2018

Preferred Agents

- Ciclopirox Cream/Solution
- Clotrimazole Cream OTC
- Clotrimazole Cream RX
- Clotrimazole Solution OTC
- **Clotrimazole-Betameth Cr**
- Ketoconazole Cream/Shampoo
- Lamisil AT[®] Cream OTC
- Miconazole Cream OTC
- Miconazole Powder OTC
- Nystatin Cream/Ointment
- Nystatin Powder
- Terbinafine Cream OTC
- Tolnaftate Cream OTC
- Tolnaftate Solution

Non-Preferred Agents

- Alevazol[®] OTC
- Azolen[®] Tincture OTC
- Bensal[®] HP
- Ciclodan[®] Cream/Kit/Soln
- Ciclopirox Shampoo/Gel/Kit
- **Ciclopirox Solution**
- Clotrimazole Solution RX
- Clotrimazole-Betameth Lotion
- CNL 8[®] Kit
- **DermacinRx Therazole[®] pak**
- Desenex[®] Powder OTC
- **Econazole Cream/Foam**
- Ertaczo[®]
- Exelderm[®] Cream/Solution
- Extina[®]
- Fungoid[®] Kit OTC
- Jublia[®]
- Kerydin[®]
- Ketoconazole Foam
- Lamisil[®] Spray/AT Gel OTC
- Loprox[®] Shampoo/Kit
- Lotrimin AF[®] OTC
- Lotrimin AF[®] Cream OTC
- Lotrimin Ultra[®] OTC
- Lotrisone[®] Cream
- Luzu[®]
- Mentax[®]
- Miconazole Oint/Spray OTC
- Naftifine Cream
- Naftin[®] Gel/Cream
- Nizoral[®] AD Shampoo OTC
- Nizoral[®] Shampoo

Non-Preferred Agents (cont.)

- Nystatin-Triamcinolone Cr/Oint
- Oxistat[®] Cream/Lotion
- Pediaderm AF[®]
- **Pedipak[®]**
- Penlac[®]
- Tinactin[®] Powder/Spray/Cr OTC
- Tolnaftate Powder/Spray OTC
- Vusion[®]

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