



Missouri Pharmacy Program – Preferred Drug List



Antiparasitic Agents – Topical

Effective 08/15/2013

Revised 07/12/2018

Preferred Agents

- Natroba®
- Permethrin (1%) OTC
- Permethrin (5%) RX Cream
- Sklice®

Non-Preferred Agents

- Elimite® Cream
- Eurax® Cream/Lotion
- Lindane Shampoo/Lotion
- Malathion Lotion
- Nix® Complete Kit
- Ovide®
- Spinosad
- Ulesfia®

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