



## Missouri Pharmacy Program – Preferred Drug List



### Topical Agents for Psoriasis

**Effective 05/07/2008**

Revised 01/05/2012

#### Preferred Agents

- Dovonex®

#### Non-Preferred Agents

- Taclonex®
- Calcipotriene
- Vectical®
- Soriatane®
- Soriatane® CK
- **Clobeta® + Plus Kit**
- **Calcitrene**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030