



Missouri Pharmacy Program – Preferred Drug List



Topical Immunomodulators

Effective 03/20/2008

Revised 10/06/2011

Preferred Agents

- Elidel®
- Protopic®

Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
N/A	N/A
	Drug Prior Authorization Hotline: (800) 392-8030