



Missouri Pharmacy Program – Preferred Drug List



Intravaginal Antibiotics

Effective 06/16/2009

Revised 01/05/2012

Preferred Agents

- Metronidazole Vaginal Gel
- Vandazole™
- Clindamycin Vaginal Cream

Non-Preferred Agents

- Cleocin® Vaginal Cream/Ovules
- MetroGel® Vaginal Cream
- Clindesse®
- Clindamax®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 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