



Missouri Pharmacy Program – Preferred Drug List



Topical Retinoids

Effective 07/11/2013

Revised 07/09/2015

Preferred Agents

- Differin® Cream/Lotion
- Retin-A Micro
- Tazorac® Cream/Gel
- Tretinoin Cream/Gel
- **Differin® Gel/Pump**
- **Retin-A Gel/Cream**

Non-Preferred Agents

- Adapalene Gel/Cream
- Altinac®
- Atralin®
- Avita®
- Epiduo®
- Tretinoin Microspheres Gel
- Tretin-X®
- Veltin®
- Ziana®
- **Fabior®**

- Approved Diagnoses

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Skin Cancer	172 – 173 176.0 232	---	730 days
Lamellar Ichtyosis	757.1	---	730 days
Darier's Disease	757.39	---	730 days
Acne Vulgaris	706.1	---	730 days
Drug Induced Acne	692.3	---	730 days
Psoriasis (Tazorac Only)	696.0 –696.8	---	730 days

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> • Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents 	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"> • Documented compliance on current therapy regimen 	Therapy will be denied if no approval criteria are met
<ul style="list-style-type: none"> • Acne Diagnoses <ul style="list-style-type: none"> ○ Trial and failure on covered benzyl peroxide product • Psoriasis Diagnosis (Tazoratene Products only) <ul style="list-style-type: none"> ○ No required trial and failure on benzyl peroxide product 	Drug Prior Authorization Hotline: (800) 392-8030