

SmartPA Criteria Proposal

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| Drug/Drug Class: | Retinoids, Topical PDL Edit |
| First Implementation Date: | April 15, 2009 |
| Proposed Date: | March 18, 2021 |
| Prepared For: | MO HealthNet |
| Prepared By: | MO HealthNet/Conduent |
| Criteria Status: | <input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria |

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Acne vulgaris is a self-limiting disorder that affects primarily teenagers and young adults. In adolescence, sebaceous glands increase sebum release after puberty. Small cysts called comedones form in hair follicles due to blockage of the pore due to retention of sebum and keratinous material. Bacterial activity within the comedones releases free fatty acids from sebum, causing inflammation within the cyst. This results in rupture of the cyst wall and subsequent inflammatory reaction due to extrusion of oily and keratinous debris from the cyst. The goal of therapy is elimination of comedones. This is achieved by decreasing sebaceous gland activity, bacterial population, and inflammation with antibiotics, benzoyl peroxide, retinoids or their combinations.

Total program savings for the PDL classes will be regularly reviewed.

| Program-Specific Information: | Preferred Agents | Non-Preferred Agents |
|-------------------------------|--|--|
| | <ul style="list-style-type: none"> • Differin® 0.1% Crm/Lot • Differin® 0.3% Gel Pump Rx • Retin-A® Crm/Gel • Tazorac® Gel | <ul style="list-style-type: none"> • Adapalene 0.1% • Adapalene 0.3% • Adapalene/Benzoyl Peroxide • Akliel® • Altreno® • Arazlo™ • Atralin® • Clindamycin/Tretinoin • Differin® 0.1% Gel OTC/Rx • Differin® 0.3% Gel Rx • Epiduo® • Epiduo® Forte • Fabior® • Retin-A® Micro® Gel/Pump • Tazarotene • Tazorac® Crm • Tretinoin Crm/Gel • Tretinoin Micro Gel • Tretin-X™ • Veltin® • Ziana® |
| | <ul style="list-style-type: none"> • Agents that are for cosmetic use only and are not covered: <ul style="list-style-type: none"> ○ Refissa® ○ Renova® | |

- Type of Criteria: ☐ Increased risk of ADE ☒ Preferred Drug List
☒ Appropriate Indications ☐ Clinical Edit
- Data Sources: ☐ Only Administrative Databases ☒ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Retinoids, Topical
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Documentation of appropriate diagnosis **AND**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

SmartPA PDL Proposal Form

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Laboratory Results: ☐
MedWatch Form: ☐

Progress Notes: ☐
Other: ☐

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Topical Retinoids – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
2. Evidence-Based Medicine Analysis: "Topical Retinoids", UMKC-DIC; November 2020.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.