



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Psoriasis Agents, Oral PDL Edit
<b>First Implementation Date:</b>	July 13, 2017
<b>Revised Date:</b>	July 1, 2021
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<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:** Psoriasis is a chronic, inflammatory, non-contagious, genetic, immune-mediated, dermatologic condition. The most common type (80-90% of participants) is plaque psoriasis (psoriasis vulgaris) where patches or lesions of skin become inflamed and are covered by a silvery white scale. These plaques frequently occur on the skin of the elbows and knees but can affect any area including the scalp. Psoriasis affects approximately 7.5 million Americans with presentation typically occurring between the ages of 15 to 25 but can develop at any age. Psoriasis can range from mild or moderate to severe disease and can lead to low self-esteem and depression. During the disease process there is hyperproliferation and abnormal differentiation of the psoriatic epidermis. This disease can also affect the joints and connective tissue, resulting in psoriatic arthritis. Traditionally, pharmacotherapy choices to treat plaque and scalp psoriasis include emollients, topical corticosteroids, vitamin D analogs, calcipotriene/betamethasone, tazarotene, tacrolimus, pimecrolimus, phototherapy, and systemic medications. Options for systemic therapy include methotrexate, cyclosporine, retinoids, biologics, and methoxsalen plus UVA radiation. Biologics are usually reserved for patients with moderate to severe disease or those with psoriatic arthritis.

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"> <li>Acitretin</li> </ul>	<ul style="list-style-type: none"> <li>Methoxsalen</li> <li>Oxsoralen-Ultra®</li> <li>Soriatane®</li> </ul>

**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: Psoriasis Agents, Oral
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  - Documented trial period of preferred agents
  - 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

Laboratory Results:

  

Progress Notes:

  

MedWatch Form:

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: "Psoriasis Agents, Oral – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
2. Evidence-Based Medicine Analysis: "Antipsoriatics (Oral)", UMKC-DIC; October 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.