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; presentation can occur at any age, but typically occurs between the ages of 15 to 25 years. Psoriasis can range from mild 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.

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

<table>
<thead>
<tr>
<th>Program-Specific Information:</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Calcipotriene Crm/Soln</td>
<td>Calcipotriene Foam/Oint</td>
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<tr>
<td></td>
<td>Dovonex®</td>
<td>Calcipotriene/Betamethasone</td>
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<td></td>
<td>Vectical®</td>
<td>Calcitriol</td>
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<td>Duobrii®</td>
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<td>Enstilar®</td>
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<td>Sorilux®</td>
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<td></td>
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<td>Taclonex®</td>
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</tbody>
</table>

Type of Criteria: ☑ Preferred Drug List
☐ Increased risk of ADE
☐ Appropriate Indications
☐ Clinical Edit

Data Sources: ☑ Databases + Prescriber-Supplied
☐ Only Administrative Databases
Setting & Population

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

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period of 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
- Claim exceeds maximum dosing limitation for the following:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUOBRII 0.01%-0.045% LOT</td>
<td>HALOBETASOL/TAZAROTENE</td>
<td>2 tubes every 28 days</td>
</tr>
</tbody>
</table>

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

- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.