



SmartPA Criteria Proposal

Drug/Drug Class:	Psoriasis Agents, Topical PDL Edit
First Implementation Date:	May 7, 2008
Revised Date:	July 1, 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: 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.

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"> • Calcipotriene Soln • Dovonex[®] • Vectical[®] 	<ul style="list-style-type: none"> • Calcipotriene Crm/Foam/Oint • Calcipotriene/Betamethasone • Calcitrene[®] • Calcitriol • Duobrii[®] • Enstilar[®] • Sorilux[®] • Taclonex[®]

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, 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:

Drug Description	Generic Equivalent	Max Dosing Limitation
DUOBRII 0.01%-0.045% LOT	HALOBETASOL/AZAROTENE	2 tubes every 28 days

Required Documentation

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. Drug Effectiveness Review Project – "Topical Calcineurin Inhibitors". Center for Evidence-Based Policy, Oregon Health & Science University; September 2008.
2. Evidence-Based Medicine and Fiscal Analysis: "Psoriasis Agents, Topical – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
3. Evidence-Based Medicine Analysis: "Topical Psoriasis Agents", UMKC-DIC; November 2020.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
5. USPDI, Micromedex; 2021.
6. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.