Missouri Pharmacy Program – Preferred Drug List

Retinoids – Topical

Effective 07/11/2013
Revised 07/11/2019

Preferred Agents
- Adapalene 0.3% Gel Rx
- Differin® 0.1% Crm/Lot
- Differin® 0.3% Pump
- Retin-A® Crm/Gel
- Tazorac® Gel

Non-Preferred Agents
- Adapalene 0.1% Crm/Lot/Soln/Swab/Gel
- Adapalene/Benzoyl Peroxide
- Altreno™ Lot
- Atralin®
- Avita®
- Clindamycin/Tretinoin
- Differin® Gel OTC
- Differin® 0.3% Gel Rx
- Epiduo®
- Epiduo® Forte
- Fabior®
- Plixda™
- Retin-A® Micro® Gel/Pump
- Tazorac® Crm
- Tazorotene Crm
- Tretinoin Crm/Gel
- Tretinoin Micro Gel
- Tretin-X™
- Veltin®
- Ziana®

Agents that are for cosmetic use only and are not covered
- Refissa™
- Renova®

Approval Criteria

Approved Diagnoses

<table>
<thead>
<tr>
<th>Condition</th>
<th>Inferred Drugs</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Cancer</td>
<td>---</td>
<td>730 days</td>
</tr>
<tr>
<td>Lamellar Ichtyosis</td>
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<td>730 days</td>
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<tr>
<td>Darier’s Disease</td>
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<td>730 days</td>
</tr>
<tr>
<td>Acne Vulgaris</td>
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<td>730 days</td>
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<tr>
<td>Drug Induced Acne</td>
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<td>730 days</td>
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<tr>
<td>Psoriasis (Tazorac Only)</td>
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<td>730 days</td>
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</tbody>
</table>

Acne Diagnoses
- Trial and failure on covered benzyl peroxide product
Psoriasis Diagnosis (Tazarotene Products only)
  o No required trial and failure on benzyl peroxide product
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030