



# 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

Condition	Inferred Drugs	Date Range
Skin Cancer	---	730 days
Lamellar Ichthyosis	---	730 days
Darier's Disease	---	730 days
Acne Vulgaris	---	730 days
Drug Induced Acne	---	730 days
Psoriasis (Tazorac Only)	---	730 days

- Acne Diagnoses
  - Trial and failure on covered benzyl peroxide product

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