

SmartPA Criteria Proposal

Drug/Drug Class:	Retinoids, Topical PDL Edit
First Implementation Date:	April 15, 2009
Revised Date:	October 14, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" 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: Acne vulgaris is a self-limiting disorder that affects primarily teenagers and young adults. In adolescence, sebaceous glands increase sebum release after puberty. Small cysts called comedones form in hair follicles due to blockage of the pore due to retention of sebum and keratinous material. Bacterial activity within the comedones releases free fatty acids from sebum, causing inflammation within the cyst. This results in rupture of the cyst wall and subsequent inflammatory reaction due to extrusion of oily and keratinous debris from the cyst. The goal of therapy is elimination of comedones. This is achieved by decreasing sebaceous gland activity, bacterial population, and inflammation with antibiotics, benzoyl peroxide, retinoids or their combinations.

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"> • Differin® 0.1% Crm/Lot Rx • Differin® 0.3% Gel Pump Rx • Retin-A® Crm/Gel 	<ul style="list-style-type: none"> • Adapalene 0.1% • Adapalene 0.3% • Adapalene/Benzoyl Peroxide • Akliel® • Altreno® • Arazlo® • Atralin® • Clindamycin/Tretinoin • Differin® 0.1% Gel OTC/Rx • Differin® 0.3% Gel Rx • Epiduo® • Epiduo® Forte • Fabior® • Retin-A® Micro® Gel/Pump • Tazarotene • Tretinoin Crm/Gel • Tretinoin Micro Gel • Tretin-X® • Veltin® • Ziana®

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

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: Retinoids, Topical
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Documentation of appropriate diagnosis **AND**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for 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

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: “Topical Retinoids – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; January 2021.
2. Evidence-Based Medicine Analysis: “Topical Retinoids”, UMKC-DIC; November 2020.
3. USPDI, Micromedex; 2021.
4. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.