



# SmartPA Criteria

## Proposal

<b>Drug/Drug Class:</b>	Psoriasis Agents, Topical PDL Edit
<b>First Implementation Date:</b>	May 7, 2008
<b>Revised Date:</b>	December 8, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<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:** 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.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> <li>• Calcipotriene Crm/Oint/Soln</li> </ul>	<ul style="list-style-type: none"> <li>• Calcipotriene Foam</li> <li>• Calcipotriene/Betamethasone</li> <li>• Calcitriol</li> <li>• Duobrii®</li> <li>• Enstilar®</li> <li>• Sorilux®</li> <li>• Taclonex®</li> </ul>

**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 **1** or more preferred agents **in the past 6 months**:
  - 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/TAZAROTENE	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

- Evidence-Based Medicine and Fiscal Analysis: "Psoriasis Agents, Topical – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Topical Psoriasis Agents", UMKC-DIC; October 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.