



SmartPA Criteria Proposal

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| Drug/Drug Class: | Psoriasis Agents, Topical PDL Edit |
| First Implementation Date: | May 7, 2008 |
| Revised Date: | October 26, 2023 |
| 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: Psoriasis is a chronic, inflammatory, non-contagious, genetic, immune-mediated, dermatologic condition. Plaque psoriasis is the most common form of psoriasis, affecting 80 to 90% of psoriasis patients. The plaques present as raised, inflamed, scaly patches of skin that may also be itchy and painful. Plaques can be present anywhere on the body, but most often occur on the scalp, knees, elbows, and torso.. 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. Mild plaque psoriasis can often be managed with topical therapies, while moderate to severe disease may require phototherapy or systemic management. Moderate to severe disease is typically defined as 5 to 10% of body surface area involvement; involvement of the face, palm, or sole; or disease that is otherwise disabling.

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 Crm/Oint/Soln | <ul style="list-style-type: none"> • Calcipotriene Foam • Calcipotriene/Betamethasone • Calcitriol • Duobrii® • Enstilar® • Sorilux® • Taclonex® • Vtama® • Zoryve™ |

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

- For non-preferred agents:
 - 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 **AND**
 - For Vtama and Zoryve:
 - Prescribed by or in consultation with a rheumatologist or dermatologist **AND**
 - Documented diagnosis of plaque psoriasis **AND**
 - Documented body surface area (BSA) involvement $\geq 2\%$ and $\leq 20\%$ **AND**
 - Failure to achieve desired therapeutic outcomes with trial on 1 or more non-preferred agents unlike Vtama or Zoryve in the past 6 months
 - For Zoryve: Participant is aged ≥ 6 years
 - For Vtama:
 - Participant is aged ≥ 18 years **AND**
 - Failure to achieve desired therapeutic outcomes with trial on Zoryve in the past 6 months

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 |
| VTAMA 1% CREAM | TAPINAROF | 1 TUBE EVERY 28 DAYS |
| ZORYVE 0.3% CREAM | ROFLUMILAST | 1 TUBE 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

SmartPA PDL Proposal Form
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- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: DERMATOLOGIC AGENTS: Topical Agents for Psoriasis”, Gainwell Technologies; Last updated April 3, 2023.
- Evidence-Based Medicine Analysis: “Topical Psoriasis Agents”, UMKC-DIC; October 2022.
- USPDI, Micromedex; 2023.
- Clinical Pharmacology [online]. Tampa (FL): Elsevier. 2023.