



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Retinoids, Topical PDL Edit
<b>First Implementation Date:</b>	April 15, 2009
<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:** 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 which may be 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"> <li>• <b>Adapalene 0.1% Gel OTC</b></li> <li>• <b>Adapalene 0.3% Gel</b></li> <li>• Retin-A® Crm/Gel</li> </ul>	<ul style="list-style-type: none"> <li>• Adapalene 0.1% <b>Crm</b></li> <li>• Adapalene 0.3% <b>Gel Pump</b></li> <li>• Adapalene/Benzoyl Peroxide</li> <li>• Altreno®</li> <li>• Arazlo®</li> <li>• Atralin®</li> <li>• Clindamycin/Tretinoin</li> <li>• Fabior®</li> <li>• Retin-A® Micro® Gel/Pump</li> <li>• Tazarotene</li> <li>• Tretinoin Crm/Gel</li> <li>• Tretinoin Micro Gel</li> <li>• Tretin-X®</li> <li>• Ziana®</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Agents that are for cosmetic use only and are not covered:</b> <ul style="list-style-type: none"> <li>○ Refissa®</li> <li>○ Renova®</li> </ul> </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: 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:  
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: "Topical Retinoids – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Topical Retinoids", UMKC-DIC; November 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.