



Missouri Pharmacy Program – Preferred Drug List



Retinoids – Topical

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

- Differin® Cream/Lotion
- Differin® Gel/Pump
- Retin-A® Cream/Gel
- Tazorac® Gel

Non-Preferred Agents

- Adapalene Gel/Cream/Gel Pump
- **Adapalene/Benzoyl Peroxide (generic Epiduo®)**
- Atralin® Gel
- Avita® Cream/Gel
- **Clindamycin/Tretinoin (generic Veltin®, Ziana®)**
- **Differin® Gel OTC**
- Epiduo®
- Epiduo Forte® Gel Pump
- Fabior® Foam
- Retin-A® Micro Gel/Pump
- **Tazorac® Cream**
- **Tazorotene Cream**
- Tretinoin Cream (generic Retin-A®)
- Tretinoin Gel (generic Avita®, Retin-A®)
- Tretinoin Gel (generic Atralin®)
- Tretinoin Microspheres Gel/Pump
- Tretin-X® Cream
- Veltin® Gel
- Ziana® Gel

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
- Documented compliance on current therapy regimen

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