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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Inferred Drugs</th>
<th>Date Range</th>
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<tbody>
<tr>
<td>Skin Cancer</td>
<td>---</td>
<td>730 days</td>
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<tr>
<td>Lamellar Ichtyosis</td>
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<td>730 days</td>
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<tr>
<td>Darier’s Disease</td>
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<td>730 days</td>
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<tr>
<td>Acne Vulgaris</td>
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<td>730 days</td>
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<tr>
<td>Drug Induced Acne</td>
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<td>730 days</td>
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<tr>
<td>Psoriasis (Tazorac Only)</td>
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<td>730 days</td>
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</tbody>
</table>
• Acne Diagnoses
  o Trial and failure on covered benzyl peroxide product
• Psoriasis Diagnosis (Tazarotene Products only)
  o No required trial and failure on benzyl peroxide product
• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented trial period for preferred agents
  o 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