



□ Databases + Prescriber-Supplied

SmartPA Criteria Proposal

Drug/Drug Class:	Psoriasis Agents – Oral PDL Edit	
First Implementation Date:	July 13, 2017	
Proposed Date:	March 19, 2020	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	⊠Existing Criteria □Revision of Existing Criteria □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 with presentation typically occurring between the ages of 15 to 25 but can develop at any age. Psoriasis can range from mild or moderate 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. Options for systemic therapy include methotrexate, cyclosporine, retinoids, biologics, and methoxsalen plus UVA radiation. Biologics are usually reserved for patients with moderate to severe disease or those with psoriatic arthritis.

Total program savings for the PDL classes will be regularly reviewed.

Program-	Preferred Agents	Non-Preterred Agents
Specific	Acitretin	 Methoxsalen
Information:		Oxsoralen Ultra®
		Soriatane®
Type of Criteria:	☐ Increased risk of ADE ☐ Appropriate Indications	☑ Preferred Drug List☐ Clinical Edit

Data Sources: ☐ Only Administrative Databases

Setting & Population

- Drug class for review: Psoriasis Agents Oral
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period of preferred agents
 - Documented ADE/ADR to preferred agents

Denial Criteria

 Lack of adequate trial on required preferred agents Therapy will be denied if no approval criteria are met
Required Documentation
Laboratory Results: Progress Notes: Other:
Disposition of Edit
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL
Default Approval Period

1 year

References

- 1. Evidence-Based Medicine and Fiscal Analysis: "Psoriasis Agents, Oral Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2020.
- 2. Evidence-Based Medicine Analysis: "Antipsoriatics (Oral)", UMKC-DIC; November 2019.
- 3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
- 4. USPDI, Micromedex; 2020.
- 5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.