



Missouri Pharmacy Program – Preferred Drug List



Topical Retinoids

Effective 04/15/2009

Revised 01/05/2012

Preferred Agents

- Retin-A® Micro
- Tretinoin
- **Differin® Cream**

Non-Preferred Agents

- Tazorac®
- Atralin®
- **Differin® Gel/Lotion**
- Epiduo®
- Ziana®
- Altinac®
- Tretin-X
- Adapalene
- **Veltin®**
- Retin-A®

- Approved Diagnoses

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Skin Cancer	172 – 173 176.0 232	---	730 days
Lamellar Ichthyosis	757.1	---	730 days
Darier's Disease	757.39	---	730 days
Acne Vulgaris	706.1	---	730 days
Drug Induced Acne	692.3	---	730 days
Psoriasis (Tazorac Only)	696.0 –696.8	---	730 days

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Acne Diagnoses <ul style="list-style-type: none"> ○ Trial and failure on covered benzyl peroxide product 	Lack of adequate trial on required preferred agents
Psoriasis Diagnosis (Tazorac only) <ul style="list-style-type: none"> ○ No required trial and failure on benzyl peroxide product 	Therapy will be denied if no approval criteria are met
<ul style="list-style-type: none"> • Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents 	
Documented trial period for preferred agents	Drug Prior Authorization Hotline: (800) 392-8030
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	