

Topical Retinoids Policy Number: C4729-A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
09/2012	03/2019	03/2020
J CODE	TYPE OF CRITERIA	LAST P&T APPROVAL
	RxPA	Q2 2019

PRODUCTS AFFECTED: Retin-A Micro® (tretinoin microspheres), Tretin-X™ (tretinoin/cleanser), Differin® (adapalene) RX ONLY, Fabior™ (tazarotene), Tazorac® (tazarotene), Retin-A Micro Pump® (tretinoin microspheres), Epiduo® (adapalene/benzoyl peroxide), Epiduo Forte Pump® (adapalene/benzoyl peroxide), Epiduo Pump® (adapalene/benzoyl peroxide), Atralin™ (tretinoin), Avita® (tretinoin), Retin-A® (tretinoin), Altreno® (tretinoin)

DRUG CLASS:

Acne products

ROUTE OF ADMINISTRATION:

External

PLACE OF SERVICE:

Retail Pharmacy

AVAILABLE DOSAGE FORMS:

Adapalene GEL 0.3%	Fabior FOAM 0.1%	Retin-A Micro Pump GEL 0.1%
Adapalene LOTN 0.1%	Plixda PADS 0.1%	Tretinoin CREA 0.025%
Adapalene SOLN 0.1%	Retin-A CREA 0.025%	Tretinoin CREA 0.05%
Adapalene-Benzoyl Peroxide GEL 0.1-2.5%	Retin-A CREA 0.05%	Tretinoin CREA 0.1%
Altreno LOTN 0.05%	Retin-A CREA 0.1%	Tretinoin GEL 0.01%
Atralin GEL 0.05%	Retin-A GEL 0.01%	Tretinoin GEL 0.025%
Avita CREA 0.025%	Retin-A GEL 0.025%	Tretinoin GEL 0.05%
Avita GEL 0.025%	Retin-A Micro GEL 0.04%	Tretinoin Microsphere GEL 0.04%
Clinoin CREA 1.25-0.025-1%	Retin-A Micro GEL 0.1%	Tretinoin Microsphere GEL 0.1%
Differin CREA 0.1%	Retin-A Micro Pump GEL 0.04%	Tretinoin Microsphere Pump GEL 0.04%
Differin GEL 0.3%	Retin-A Micro Pump GEL 0.06%	Tretinoin Microsphere Pump GEL 0.1%
Differin LOTN 0.1%	Retin-A Micro Pump GEL 0.08%	
Epiduo Forte GEL 0.3-2.5%		
Epiduo GEL 0.1-2.5%		

FDA-APPROVED USES: indicated for topical treatment of acne vulgaris.

COMPENDIAL APPROVED OFF-LABELED USES: None

COVERAGE CRITERIA: INITIAL AUTHORIZATION

DIAGNOSIS: acne vulgaris

REQUIRED MEDICAL INFORMATION:**A. ACNE VULGARIS:**

1. Documentation of diagnosis of acne vulgaris
AND
2. Documentation of a trial(4 weeks) and inadequate response or labeled contraindication to TWO formulary topical anti-acne agents (i.e. erythromycin solution, clindamycin solution, Differin OTC)
AND
3. Tretinoin (generic product) will be approved with a history of a trial (4 week) and an inadequate response to Differin OTC
AND
4. **FOR COMBINATION PRODUCT REQUESTS:** combination products are not covered; Notify prescriber that separate topical products are formulary and are covered when valid prescriptions are presented to the pharmacy.

DURATION OF APPROVAL: Initial authorization: 2 months, Continuation of therapy: 6 months

QUANTITY: per specific formulary

PRESCRIBER REQUIREMENTS: None

AGE RESTRICTIONS: 12 years and older

GENDER:

Male and female

CONTINUATION OF THERAPY:**A. ACNE VULGARIS:**

1. Continues to meet initial criteria

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION: All other uses of topical retinoids are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

OTHER SPECIAL CONSIDERATIONS: None

BACKGROUND:

Topical retinoid products are indicated for cosmetic and medical conditions (e.g. acne vulgaris, psoriasis, precancerous skin lesions). Cosmetic use is not a covered benefit. Therefore, Prior Authorization is in place to verify the use is for the diagnosis of a medical condition.

APPENDIX: None

REFERENCES:

1. Atralin prescribing information. DPT Laboratories. San Antonio, TX. August 2014.
2. Avita cream prescribing information. Mylan Pharmaceuticals Inc. Morgantown, WV June 2018.
3. Avita gel prescribing information. Mylan Pharmaceuticals Inc. Morgantown, WV June 2018.