

PRIOR AUTHORIZATION POLICY

POLICY: Topical Retinoids – Akliel Prior Authorization Policy

- Akliel® (trifarotene cream – Galderma Laboratories)

REVIEW DATE: 12/15/2021; selected revision 12/22/2021

OVERVIEW

Akliel, a topical retinoid, is indicated for the topical treatment of **acne vulgaris** in patients ≥ 9 years of age.¹

Guidelines

The American Academy of Dermatology guidelines for the management of acne (2016) note topical therapies, either as monotherapy or in combination with other topical agents or oral agents, as the treatment of choice for initial control and maintenance therapy of acne.² Topical retinoids are the cornerstone of acne management due to their comedolytic and anti-inflammatory properties.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Akliel. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Akliel is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Acne Vulgaris.** Approve for 1 year.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Akliel is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Akliel® cream [prescribing information]. Fort Worth, TX: Galderma Laboratories; October, 2019.
 2. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol.* 2016;74:945-73.
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