



PRIOR AUTHORIZATION POLICY

- POLICY:** Topical Retinoid – Tretinoin Products Prior Authorization Policy
- Altreno™ (tretinoin lotion – Dow/Valeant)
 - Atralin™ (tretinoin gel – Valeant, generic)
 - Avita® (tretinoin cream, gel – Mylan, generic [Avita gel 0.025% is brand only])
 - Retin-A® (tretinoin cream, gel – Valeant, generic)
 - Retin-A® Micro® (tretinoin gel microsphere – Valeant, generic)
 - Retin-A Micro® Pump (tretinoin gel microsphere – Valeant, generic [Retin-A Micro 0.06% gel and 0.08% gel are branded products only])
 - Tretin•X® (tretinoin cream – Onset Dermatologicals)
 - Veltin™ (clindamycin phosphate 1.2% and tretinoin 0.025% gel – Aqua)
 - Ziana® (clindamycin phosphate 1.2% and tretinoin 0.025% gel – Valeant, generic)

REVIEW DATE: 08/04/2021; selected revision 12/22/2021

OVERVIEW

All of the single-entity and combination topical tretinoin products in this policy are indicated for the topical treatment of **acne vulgaris**.^{1,2}

Topical tretinoin products have been used to treat numerous other medical skin conditions in addition to acne vulgaris.^{1,2} Some indications have minimal published clinical data and thus appear experimental. Topical tretinoin products have also been used to treat a variety of cosmetic skin conditions, such as wrinkles, stretch marks, liver spots, premature aging, and photo-aged or photo-damaged skin.²

POLICY STATEMENT

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

Automation: An age edit targeting patients > 30 years of age is recommended to monitor for appropriate use and to screen for cosmetic use. Therefore, patients ≤ 30 years of age will be approved at the point-of-service. For patients > 30 years of age, coverage will be determined by the Prior Authorization criteria.

RECOMMENDED AUTHORIZATION CRITERIA

I. Coverage of topical tretinoin products is recommended in those who meet one of the following criteria:

FDA-Approved Indication

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

Other Uses with Supportive Evidence

2. Treatment of Other Non-Cosmetic Conditions. Approve for 1 year.

Note: Examples of other non-cosmetic conditions include acne rosacea, actinic keratosis/treatment of precancerous lesions, ichthyosis, diabetic foot ulcers, mucositis, warts, lichen planus, lichen sclerosis, pseudofolliculitis, oral leukoplakia, molluscum contagiosum, Darier’s disease (keratosis follicularis), dermatitis/eczema, folliculitis, keratosis pilaris, basal cell carcinoma (skin cancer), confluent and reticulated papillomatosis, and cutis laxa.

II. Coverage of clindamycin plus tretinoin combination products (Ziana, generic; Veltin) 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 topical tretinoin products and topical clindamycin/tretinoin products is not recommended in the following situations:

1. Cosmetic Conditions. Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.

Note: Examples of cosmetic conditions include liver spots, stretch marks, scarring, solar elastosis, premature aging, treatment of photo-aged or photo-damaged skin, solar lentigines, skin roughness, mottled hyperpigmentation, age spots, wrinkles, geographic tongue, hyperpigmentation (caused by folliculitis, acne, or eczema), melasma/cholasma, alopecia androgenetic, alopecia areata, seborrheic keratosis, milia, nevus, poikiloderma (of Civatte), purpura (actinic/solar), keloids, and sebaceous hyperplasia.

2. 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. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2020. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&q=>. Accessed on July 27, 2021. Search term: tretinoin.
 2. DRUGDEX® System. Thomson Reuters (Healthcare) Inc. Available at: <http://www.micromedexsolutions.com/micromedex2/librarian/>. Accessed on July 27, 2021. Search term: tretinoin.
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