

Clinical Pharmacy Program Guidelines for Topical Retinoid Products

Program	Prior Authorization - Topical Retinoid Products
Medication	Topical Retinoid Products BRAND OR GENERIC REQUESTS: Retin-A Micro® (tretinoin microspheres), Tretin-X™ (tretinoin/cleanser), Differin® (adapalene) RX ONLY, Fabior™ (tazarotene), Tazorac® (tazarotene), Refissa® (tretinoin), 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)
Issue Date	9/2009
Pharmacy and Therapeutics Approval Date	3/2018
Effective Date	5/2018

*Note: Differin gel 0.1% OTC does not require prior authorization.

1. 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.

2. Coverage Criteria:

<p>A. Adapalene cream/gel, Avita gel, Fabior aerosol, Retin-A Micro Gel, Tazorac cream/gel, Tretin-X cream/cream kit, Tretinoin gel, will be approved based on <u>all</u> of the following:</p> <ol style="list-style-type: none"> 1. The member has a non-cosmetic medical condition (e.g. acne vulgaris, psoriasis, precancerous skin lesions) <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. Medication is not being requested solely for cosmetic purposes (e.g., photo-aging, wrinkling, hyperpigmentation, sun damage, melasma, vitiligo) <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 3. Patient has a history of failure, contraindication, or intolerance to a trial of at least three preferred products (document drugs, duration, and date of trials), one of which must be Differin OTC. NOTE: Step therapy is not limited to topical retinoids. However, one of the step therapy drugs must be Differin OTC.
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Authorization will be issued for 12 months.

B. Avita cream, Tretinoin cream will be approved based on the following:

1. Patient has a history of failure, contraindication, or intolerance to a trial of Differin OTC.

Authorization will be issued for 12 months.

Appendix:

Examples of non-cosmetic medical conditions include, but are not limited to, the following:

Acanthosis nigricans	Keratoderma
Acne	Keratoderma palmaris et plantaris
Acne keloidalis nuchae	Keratosis rubra figurata
Acne rosacea	Kyrle’s disease
Acne vulgaris	Lamellar ichthyosis
Actinic cheilitis	Leukoplakia
Actinic dermatitis	Lichen planus
Actinic keratosis	Mal de Meleda
Basal cell carcinoma	Malignancy
Bowen’s disease	Mendes da Costa syndrome
Cystic acne	Molluscum contagiosum
Darier’s disease	Non-bullous congenital ichthyosis
Darier-White Disease	Papillon-Lefevre syndrome
Dermal mucinosis	Porokeratosis
Discoid lupus erythematosus	Pseudofollicular barbae
Epidermoid cysts	Pseudoacanthosis nigricans
Epidermolytic hyperkeratosis	Psoriasis
Erythrokeratoderma variabilis	Psoriasis erythrodermic, palmoplantar
Favre Racouchot disease	Psoriasis pustular
Flat warts	Psoriatic arthritis
Folliculitis	Rosacea
Fox Fordyce disease	Sebaceous cysts
Grover’s disease	Senile keratosis
Hidradenitis suppurativa	Solar keratosis
Hyperkeratosis	Squamous cell carcinoma
Hyperkeratosis follicularis	Transient acantholytic dermatosis
Hyperkeratotic eczema	Tylotic eczema
Ichthyoses	X-linked ichthyosis
Ichthyosis vulgaris	Verruca planae

Keratoacanthoma	Von Zumbusch pustular
Keratosis follicularis	Warts

3. References:

1. Atralin prescribing information. DPT Laboratories. San Antonio, TX. August 2014.
2. Avita cream prescribing information. Mylan Pharmaceuticals Inc. Morgantown, WV November 2013.
3. Avita gel prescribing information. Mylan Pharmaceuticals Inc. Morgantown, WV November 2013.
4. Differin gel prescribing information. Galderma Laboratories LP. Fort Worth, TX. June 2014.
5. Differin lotion prescribing information. Galderma Laboratories LP. Fort Worth, TX. April 2013.
6. Differin cream prescribing information. Galderma Laboratories LP. Fort Worth, TX. November 2015.
7. Retin-A prescribing information. Ortho Dermatological. Skillman, NJ. October 2011.
8. Retin-A Micro prescribing information. Ortho Dermatological. Skillman, NJ. January 2014.
9. Tazorac cream prescribing information. Allergan. Irvine, CA. December 2013.
10. Tazorac gel prescribing information. Allergan. Irvine, CA. July 2014.
11. Tretin-X prescribing information. DPT Laboratories. San Antonio TX. May 2013.
12. Fabior prescribing information. Stiefel Laboratories, Inc. Research Triangle Park, NC. January 2014.

Program	Prior Authorization/Notification – Topical Retinoid Products
Change Control	
Date	Change
9/2009	Criteria were taken from a previously approved AmeriChoic policy. Policy was reformatted.
12/2010	Annual Review
12/2011	Annual Review
12/2012	Annual Review
6/2013	<ul style="list-style-type: none"> •Converted policy to new UHC enterprise wide formatting. •Created non-preferred criteria for non-preferred products (Retin-A micro, Tazorac, Tretin-X, Differin) for acne diagnosis •Created “other medical use” criteria for preferred and for non-preferred agents •Created Tazorac criteria specific for psoriasis
9/2013	<ul style="list-style-type: none"> •Revised list of approvable off-label uses of tretinoin products •Removed QL criteria •Revised Background Medical vs. Cosmetic indications table
6/2016	Clinical criteria and policy template updated to align with E&I.
8/2016	Removed preferred products from this policy and added in additional non-preferred drugs. Added non-preferred criteria.
3/2017	Updated policy to account for Atralin moving to non-preferred.
4/2017	Updated policy to require all prescription products to require a

	step through Differin OTC.
8/2017	Moved non-cosmetic medical conditions table from criteria to appendix. Added vitiligo as an example of a cosmetic condition.
3/2018	Clarified step therapy language- step does not need to be through three preferred retinoids, as long as one of the products is Differin OTC.