

Cosmetic Anti-Aging

Override(s)	Approval Duration
Prior Authorization	Molluscum contagiosum: 3 weeks of treatment
Quantity Limit	All other diagnoses: 1 year

Medications	Comments	Quantity Limit
tretinoin gel 0.01%, 0.025%, cream	Preferred	May be subject to quantity supply limit
tretinoin gel 0.05%	Non-Preferred	
tretinoin microsphere gel, pump		
Altreno (tretinoin) lotion		
Atralin (tretinoin) gel		
Avita (tretinoin) cream		
Retin-A Micro (tretinoin) gel, gel pump 0.04%, 0.1%		
Retin-A Micro (tretinoin) gel pump 0.06%, 0.08%		
Retin-A (tretinoin) cream 0.025%, 0.05%, 0.1%		
Retin-A (tretinoin) gel 0.01%, 0.025%		
Tretin-X (tretinoin) cream		
Refissa (tretinoin)	Not approvable	
Renova (tretinoin/emollient)		

APPROVAL CRITERIA

Requests for a preferred topical tretinoin agent (tretinoin gel 0.01%, 0.025%, cream) may be approved for the following:

- I. Individual has one of the following diagnoses:
 - A. Acne/acne vulgaris; **OR**
 - B. Rosacea; **OR**
 - C. Molluscum contagiosum (only 3 weeks of treatment)

Requests for topical tretinoin agents (Altreno, Atralin Avita, Retin-A, Retin-A Micro, tretinoin gel 0.05%, tretinoin microsphere, Tretin-X) may be approved for the following:

- I. Individual has one of the following diagnoses:
 - A. Acne/acne vulgaris; **OR**
 - B. Rosacea; **OR**

C. Molluscum contagiosum (only 3 weeks of treatment);

AND

- II. If individual is treating acne/acne vulgaris, individual has had a trial and inadequate response or intolerance to two preferred topical acne/acne vulgaris agents. Medication samples/coupons/discount cards are excluded from consideration as a trial;

Preferred agents for diagnosis of **acne/acne vulgaris**: Adapalene (cream, gel, gel pump); tazarotene cream, gel); tretinoin 0.01%, 0.025% (gel), tretinoin 0.025%, 0.05%, 0.1% (cream); clindamycin (foam, gel, lotion, solution, swab/pads/pledgets); clindamycin/tretinoin (gel); erythromycin (solution, pad, gel); adapalene/benzoyl peroxide 0.1-2.5% (gel); clindamycin/benzoyl peroxide (gel), erythromycin/benzoyl peroxide (gel).

OR

- III. If individual is treating rosacea, individual has had a prior trial and inadequate response or intolerance to one preferred single ingredient topical rosacea agent. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

Preferred agents for diagnosis of **rosacea**: metronidazole 0.75% (cream, lotion, gel, gel pump); metronidazole 1% (gel, gel pump); Tretinoin 0.01%, 0.025% (gel), tretinoin 0.025%, 0.05%, 0.1% (cream), azelaic acid (gel).

OR

- I. If individual is treating molluscum contagiosum, individual has had a trial and
II. inadequate response or intolerance to two preferred single ingredient topical agents.
III. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

Preferred agents for diagnosis of **molluscum contagiosum**: Tretinoin gel 0.01%, 0.025%, cream.

AND

- IV. If the same active ingredient, confirmation is provided for the clinical necessity of the non preferred agent and the same medical reason and clinical benefit is not expected with the preferred agents.

Topical tretinoin agents (Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Refissa, Renova, tretinoin gel, tretinoin cream, tretinoin microsphere gel, and tretinoin microsphere gel pump) may **not** be approved for cosmetic purposes such as, but not limited to the following:

- I. Photoaging; **OR**
II. Wrinkles; **OR**
III. Hyperpigmentation; **OR**
IV. Sun damage; **OR**
V. Melasma.

Refissa (tretinoin) and Renova (tretinoin) may not be approved for the following:

- I. Acne/acne vulgaris; **OR**
- II. Rosacea; **OR**
- III. Molluscum contagiosum.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 11, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. Clinical Information: Molluscum Contagiosum. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/poxvirus/molluscum-contagiosum/treatment.html>. Updated on: October 2, 2017.
6. Eichenfield LF, Krakowski AC, Piggott C, et al. Evidence-Based Recommendations for the Diagnosis and Treatment of Pediatric Acne. *Pediatrics*. 2013; 131(S3):S163-S186. DOI: 10.1542/peds.2013-0490B. Available at: http://pediatrics.aappublications.org/content/131/Supplement_3/S163.full.pdf+html.
7. Menter A, Korman NJ, Elmets, CA et.al. American Academy of Dermatology. Guidelines of care for the management of psoriasis and psoriatic arthritis. *J Am Acad Dermatol*. 2011; 65(1): 137-174. Available from: [https://www.jaad.org/article/S0190-9622\(10\)02173-0/pdf](https://www.jaad.org/article/S0190-9622(10)02173-0/pdf).
8. Molluscum contagiosum: Diagnosis, treatment, and outcome. American Academy of Dermatology Web site. <https://www.aad.org/dermatology-a-to-z/diseases-and-treatments/m---p/molluscum-contagiosum/diganosis-treatment>.
9. The NCCN Drugs & Biologics Compendium (NCCN Drugs & Biologics Compendium™)© 2018 National Comprehensive Cancer Network, Inc. Available at: [NCCN.org](http://www.nccn.org). Updated periodically.
10. Zaenglein AL, Pathy AL, Schlosser BJ, Alikhan A, Baldwin HE, Berson DS, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016; 74:945-73. Available from: <https://www.aad.org/practice-tools/quality-care/clinical-guidelines/acne>.
11. Elmets CA, KormanNJ, Prater EF, Wong EB, et.al. Joining AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol*. 2021; 84:432-70.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.