

Tretinoin

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
tretinoin gel, cream	Preferred	May be subject to quantity supply limit
Avita (tretinoin) cream	Non-Preferred	

APPROVAL CRITERIA

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

- I. Individual has one of the following diagnoses:
 - a. Acne; **OR**
 - b. Rosacea; **OR**
 - c. Molluscum contagiosum (only 3 weeks of treatment)

Requests for a non-preferred topical tretinoin agent (Avita cream) may be approved for the following:

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

AND

- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to the preferred single ingredient topical retinoid acne agent;

Preferred agent (all available strengths): Tretinoin gel, cream

OR

- III.. 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 (tretinoin gel, cream, Avita) 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.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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 12, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; 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. 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>.
8. 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>.

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

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