

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	TOPICAL RETINOIDS
BRAND NAME (generic)	ALTRENO (tretinoin)
	ATRALIN (tretinoin)
	AVITA (tretinoin)
	RETIN-A (tretinoin)
	RETIN-A MICRO (tretinoin)
	TWYNEO (tretinoin/benzoyl peroxide)
	VELTIN (clindamycin/tretinoin)
	ZIANA (clindamycin/tretinoin)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Atralin, Avita, Retin-A, Retin-A Micro

Atralin, Avita, Retin-A, and Retin-A Micro are indicated for topical application in the treatment of acne vulgaris.

Altreno (tretinoin) lotion 0.05%, Twyneo

Altreno (tretinoin) lotion 0.05% and Twyneo are indicated for the topical treatment of acne vulgaris in patients 9 years of age and older.

Veltin, Ziana

Veltin and Ziana are indicated for the topical treatment of acne vulgaris in patients 12 years and older.

Compendial Uses

Tretinoins (Topical) PA 355-A, 237-A Policy 08-2021.docx

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COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of acne vulgaris
- OR**
- The patient has a diagnosis of keratosis follicularis (Darier's disease, Darier-White disease)

REFERENCES

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6. Renova [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2019.
7. Retin-A [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2019.
8. Retin-A Micro [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; October 2017.
9. Twyneo [package insert]. Whippany, NJ: Sol-Gel Technologies Inc.; July 2021.
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11. Ziana [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; March 2017.
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13. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed July 13, 2021.
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