

# PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>RETINOIDS (TOPICAL)</b>
<b>BRAND NAME (generic)</b>	(adapalene)
	<b>DIFFERIN (adapalene)</b>
<b>Status: CVS Caremark® Criteria</b>	
<b>Type: Initial Prior Authorization with Quantity Limit</b>	

**POLICY**

**FDA-APPROVED INDICATIONS**

**Differin Cream 0.1%, Adapalene Gel 0.1%, Adapalene Topical Solution 0.1% (swab), Adapalene Topical Solution 0.1%**

Differin Cream 0.1%, Adapalene Gel 0.1%, Adapalene Topical Solution 0.1% (swab), and Adapalene Topical Solution 0.1% are indicated for the topical treatment of acne vulgaris.

**Differin Gel 0.3%, Differin Lotion 0.1%**

Differin Gel 0.3% and Differin Lotion 0.1% are indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

**COVERAGE CRITERIA**

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

- The requested drug is being prescribed for the topical treatment of acne vulgaris  
**AND**
  - The request is NOT for continuation of therapy
- OR**
  - The request is for continuation of therapy  
**AND**
    - The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, etc.)

**AND**

- If additional quantities are being requested, then the requested drug is being prescribed to treat a body surface area that requires additional quantities

Quantity Limits apply.

<b><u>QUANTITY LIMIT</u></b>				
PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.				
<b>Medication</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>	<b>COLUMN D</b>

Adapalene PA with Limit Policy 351-C UDR 08-2023

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	(Lower Limit)	(Lower Limit)	(Upper Limit)	(Upper Limit)
	4 Week Limit*	12 Week Limit*	4 Week Limit*	12 Week Limit*
Adapalene topical solution	120 mL / 21 days	360 mL / 63 days	240 mL / 21 days	720 mL / 63 days
Adapalene topical solution (swab)	28 swabs / 21 days	84 swabs / 63 days	56 swabs / 21 days	168 swabs / 63 days
Differin cream 0.1% (adapalene cream)	45 grams / 21 days	135 grams / 63 days	90 grams / 21 days	270 grams / 63 days
Adapalene gel 0.1%	45 grams / 21 days	135 grams / 63 days	90 grams / 21 days	270 grams / 63 days
Differin gel 0.3% (adapalene gel)	45 grams / 21 days	135 grams / 63 days	90 grams / 21 days	270 grams / 63 days
Differin lotion 0.1% (adapalene lotion)	59 mL / 21 days	177 mL / 63 days	118 mL / 21 days	354 mL / 63 days

\* The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.

Duration of Approval (DOA):

- 351-C: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months

## REFERENCES

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4. Differin Cream 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; October 2022.
5. Differin Gel 0.3% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; August 2022.
6. Differin Lotion 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; April 2023.
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