

# 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**

Atralin, Avita, and Retin-A are indicated for topical treatment of acne vulgaris. The safety and efficacy of this product in the treatment of other disorders have not been established.

#### **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.

#### **Retin-A Micro**

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Retin-A Micro is indicated for topical application in the treatment of acne vulgaris.

### **Veltin, Ziana**

Veltin gel 1.2%/0.025% and Ziana gel are indicated for the topical treatment of acne vulgaris in patients 12 years and older.

### Compendial Uses

Keratosis follicularis (Darier's disease, Darier-White disease) <sup>12,15-17</sup>

### **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  
**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.)

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

Duration of Approval (DOA):

- 355-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 36 months
- 237-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months

### **REFERENCES**

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