

Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

Guideline Name	Topical Retinoids: Brand Atralin, Avita, Brand Differin, generic adapalene cream/gel/lotion, Brand Adapalene 0.1% solution, Brand Epiduo, generic adapalene/benzoyl peroxide gel, Brand Epiduo Forte, Fabior, Brand Retin-A, generic tretinoin, Brand Retin-A Micro, generic tretinoin microsphere, Arazlo, Brand Tazorac, generic tazarotene cream, Veltin, Brand Ziana, generic clindamycin phosphate/tretinoin gel
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1. Criteria

Product Name: Brand Atralin, Avita, Brand Differin, generic adapalene cream/gel/lotion, Brand Adapalene 0.1% solution, Brand Epiduo, generic adapalene/benzoyl peroxide gel, Brand Epiduo Forte, Fabior, Brand Retin-A, generic tretinoin, Brand Retin-A Micro, generic tretinoin microsphere, Arazlo, Brand Tazorac, generic tazarotene cream, Veltin, Brand Ziana, generic clindamycin phosphate/tretinoin gel

Approval Length	24 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Diagnosis of ONE of the following:

- Acne
- Early stage mycosis fungoides
- Actinic keratosis
- Basal cell carcinoma
- Plaque psoriasis

AND

2 - For non-formulary requests, the patient has tried and failed TWO formulary alternatives for their condition (if available), one of which must be the generic equivalent of the requested medication (if available)

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Approval Length	24 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Patient has experienced improvement while on therapy

2. Background

Benefit/Coverage/Program Information

RATIONALE

In order to ensure proper utilization of topical retinoid products, HPHC has put a prior authorization in place. Topical retinoid products have often been used for cosmetic applications such as reduction and prevention of wrinkles. HPHC does not cover cosmetic products or procedures.

FDA APPROVED INDICATIONS

- Topical tretinoin products, Atralin, Avita, and Retin-A, are indicated for the treatment of acne vulgaris.
- Differin (adapalene) is indicated for the topical treatment of acne vulgaris.
- Epiduo and Epiduo Forte (adapalene/benzoyl peroxide) are indicated for the topical treatment of acne vulgaris.
- Tazorac 0.1% cream and 0.1% gel and Fabior (tazarotene) are indicated for the topical treatment of acne vulgaris in patients 12 years and older.
- Tazorac 0.05% and 0.1% cream (tazarotene) are indicated for the topical treatment of plaque psoriasis in patients 18 years and older.
- Tazorac 0.05% and 0.1% gel (tazarotene) are indicated for the topical treatment of stable plaque psoriasis of up to 20% body surface area involvement in patients 12 years and older.
- Arazlo 0.045% lotion (tazarotene) is indicated for the topical treatment of acne vulgaris in patients 9 years of age and older.
- Veltin (clindamycin 1.2%/tretinoin 0.025%) is indicated for the topical treatment of acne vulgaris in patients 12 years and older.
- Ziana (clindamycin 1.2%/tretinoin 0.025%) is indicated for the topical treatment of acne vulgaris in patients 12 years and older.

REFERENCES

- Atralin gel (tretinoin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; August 2014.
- Avita (tretinoin) cream [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals; June 2018.
- Avita (tretinoin) gel [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals; January 2018.
- Retin-A (tretinoin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; June 2018.
- Retin-A Micro (tretinoin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; January 2015.
- Retin-A Micro gel (tretinoin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; October 2017.
- Differin Cream (adapalene) [prescribing information]. Fort Worth, TX: Galderma; November 2015.
- Differin Gel 0.1% (adapalene) [prescribing information]. Fort Worth, TX: Galderma; June

2018.

- Differin Gel 0.3% (adapalene) [prescribing information]. Fort Worth, TX: Galderma; February 2018.
- Differin Lotion (adapalene) [prescribing information]. Fort Worth, TX: Galderma; July 2014.
- Arazlo (tazarotene) [prescribing information]. Bridgewater, NJ: Bausch Health US. LLC; December 2019.
- Fabior (tazarotene) [prescribing information]. Greenville, NC: Mayne Pharma; June 2018.
- Tazorac cream, gel (tazarotene) [prescribing information]. Exton, PA: Almirall, LLC; August 2019.
- Epiduo (adapalene and benzoyl peroxide) [prescribing information]. Fort Worth, TX: Galderma; January 2013.
- Epiduo Forte (adapalene and benzoyl peroxide) [prescribing information]. Fort Worth, TX: Galderma; July 2015.
- Veltin (clindamycin phosphate and tretinoin) [prescribing information]. Exton, PA: Almirall, LLC; June 2019.
- Ziana (clindamycin phosphate and tretinoin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; March 2017.

Created: 10/01/02
Revised:
<ul style="list-style-type: none"> • Annual review (effective: 1/1/20) • 7/1/20 - Annual review: background changes; removal of Tretin-X due to being excluded from formulary, considered cosmetic; Added Arazlo
P&T Approval: 12/7/20
Effective: 1/1/21