

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	RETINOIDS (TOPICAL)
BRAND NAME (generic)	(adapalene)
	DIFFERIN (adapalene)
Status: CVS Caremark Criteria	
Type: Initial Prior Authorization	

POLICY

FDA-APPROVED INDICATIONS

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

Differin Gel 0.3%, Differin Lotion

Differin Gel 0.3%, Lotion 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 patient has a diagnosis of acne vulgaris

REFERENCES

1. Adapalene Gel 0.1% [package insert]. Mahwah, NJ: Glenmark Pharmaceuticals Inc., USA; May 2019.
2. Adapalene Topical Solution 0.1% Swab [package insert]. Doylestown, PA: Rochester Pharmaceuticals; November 2019.
3. Adapalene Topical Solution 0.1% [package insert]. Canton, MS: Allegis Holding LLC; May 2019.
4. Differin Cream [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
5. Differin Gel 0.3% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
6. Differin Lotion 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
7. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed July 2020.
8. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed July 2020.
9. Zaenglein A, Pathy A, Schlosser B, et al. Guidelines of Care for Acne Vulgaris Management. *J Am Acad Dermatol*. 2016; 74(5):945-973.