# **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 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 patient has a diagnosis of acne vulgaris

#### **REFERENCES**

- 1. Adapalene Gel 0.1% [package insert]. Mahwah, NJ: Glenmark Pharmaceuticals Inc., USA; September 2014.
- 2. Adapalene Topical Solution 0.1% [package insert]. Canton, MS: Allegis Holding LLC; March 2020.
- 3. Adapalene Topical Solution 0.1% Swab [package insert]. Doylestown, PA: Rochester Pharmaceuticals; November 2020.
- 4. Differin Cream 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; November 2011.
- 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, Ohio: UpToDate, Inc.; 2021; Accessed July 13, 2021.
- 8. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed July 13, 2021.
- 9. Zaenglein A, Pathy A, Schlosser B, et al. Guidelines of Care for the Management of Acne Vulgaris. *J Am Acad Dermatol.* 2016;74(5):945-973.

Adapalene PA Policy 351-A 08-2021

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