

# PRIOR AUTHORIZATION CRITERIA

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