# PRIOR AUTHORIZATION CRITERIA

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|---|---|
| **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**
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) [12,15-17]

## 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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11. Ziana [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; March 2017.
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14. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of Care for the Management of Acne Vulgaris. *J Am Acad Dermatol*. 2016;74(5):945-973.

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