



Retinoids (topical) Prior Authorization

Drug(s) Applied:	adapalene, adapalene-benzoyl peroxide, tazarotene, tretinoin
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Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. **Acne vulgaris** as indicated by chart notes within past 180 days

1. Chart notes and/or prescriber do not provide documentation that patient is using the requested agent for treatment of wrinkles, stretch marks, hyperpigmentation, age spots, or any cosmetic purposes

Approval Duration: 12 months

B. **Psoriasis** as indicated by chart notes within past 180 days

1. Requested agent is tazarotene **and**
2. Chart notes and/or prescriber do not provide documentation that patient is using the requested agent for treatment of wrinkles, stretch marks, hyperpigmentation, age spots, or any cosmetic purposes

Approval Duration: 12 months

II. Continued Therapy Criteria

A. **Acne vulgaris** as indicated by chart notes within past 12 months

1. Patient meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (i.e., less breakouts)

Approval Duration: 12 months

B. **Psoriasis** as indicated by chart notes within past 12 months

1. Patient meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (i.e., less breakouts, flares)

Approval Duration: 12 months

Policy Owned by: Curative PBM team

