

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 1089-6
Program	Prior Authorization/Notification - Topical Retinoid Products
Medication	Topical Retinoid Products Avita® (tretinoin)*, Atralin™ (tretinoin)*, Retin-A® (tretinoin)*, Retin-A Micro® (tretinoin microspheres)*, Tretin-X™ (tretinoin/cleanser)*, Differin® (adapalene)*, Fabior™ (tazarotene)*, and Tazorac® (tazarotene)
P&T Approval Date	2000, 3/2006, 2/2007 3/2007, 10/2008, 10/2009, 5/2010, 5/2011, 7/2012, 7/2013, 11/2013, 8/2014, 7/2015, 6/2016, 2/2017, 2/2018
Effective Date	5/1/2018; Oxford only: 5/1/2018

1. Background:

Topical retinoid products are indicated for cosmetic and medical conditions (e.g. acne vulgaris, psoriasis, precancerous skin lesions). Cosmetic use is not a covered benefit per the UnitedHealthcare pharmacy Rider. Therefore, Prior Authorization/Notification is in place to verify the use is for the diagnosis of a medical condition. For covered medications if members are younger than 30 years of age the topical retinoid prescription will automatically adjudicate without a coverage review.

2. Coverage Criteria:

A. Topical Retinoid Products will be approved based on **both** of the following:

- The member has a non-cosmetic medical condition (e.g. acne vulgaris, psoriasis, precancerous skin lesions, other conditions listed below, etc)

Acanthosis nigricans	Keratoderma
Acne	Keratoderma palmaris et plantaris
Acne keloidalis nuchae	Keratosis rubra figurata
Acne rosacea	Kyrle's disease
Acne vulgaris	Lamellar ichthyosis
Actinic cheilitis	Leukoplakia
Actinic dermatitis	Lichen planus
Actinic keratosis	Mal de Meleda
Basal cell carcinoma	Malignancy
Bowen's disease	Mendes da Costa syndrome
Cystic acne	Molluscum contagiosum
Darier's disease	Non-bullous congenital ichthyosis
Darier-White Disease	Papillon-Lefevre syndrome
Dermal mucinosis	Porokeratosis
Discoid lupus erythematosus	Pseudofollicular barbae

Epidermoid cysts	Pseudoacanthosis nigricans
Epidermolytic hyperkeratosis	Psoriasis
Erythrokeratoderma variabilis	Psoriasis erythrodermic, palmoplantar
Favre Raucochet disease	Psoriasis pustular
Flat warts	Psoriatic arthritis
Folliculitis	Rosacea
Fox Fordyce disease	Sebaceous cysts
Grover's disease	Senile keratosis
Hidradenitis suppurativa	Solar keratosis
Hyperkeratosis	Squamous cell carcinoma
Hyperkeratosis follicularis	Transient acantholytic dermatosis
Hyperkeratotic eczema	Tyloitic eczema
Ichthyoses	X-linked ichthyosis
Ichthyosis vulgaris	Verucca planae
Keratoacanthoma	Von Zumbusch pustular
Keratosis follicularis	Warts

-AND-

2. Medication is not being requested solely for cosmetic purposes (e.g., photoaging, wrinkling, hyperpigmentation, sun damage, melasma)

Authorization will be issued for 12 months.

3. Additional Clinical Programs:

* Avita, Atralin, Retin-A gel, Retin-A cream (brand only), Retin-A Micro, Tretin-X, Differin and Fabior are typically excluded from coverage. Supply limits may be in place.

4. References:

1. Atralin prescribing information. Valeant Pharmaceuticals North America LLC. Bridgewater, NJ July 2016.
2. Avita cream prescribing information. Mylan Pharmaceuticals Inc. Morgantown, WV November 2013.
3. Avita gel prescribing information. Mylan Pharmaceuticals Inc. Morgantown, WV November 2013.
4. Differin gel prescribing information. Galderma Laboratories LP. Fort Worth, TX. June 2014.
5. Differin lotion prescribing information. Galderma Laboratories LP. Fort Worth, TX. April 2013.
6. Differin cream prescribing information. Galderma Laboratories LP. Fort Worth, TX. November 2015.

7. Retin-A prescribing information. Ortho Dermatological. Skillman, NJ. November 2016.
8. Retin-A Micro prescribing information. Ortho Dermatological. Skillman, NJ. October 2017.
9. Tazorac cream prescribing information. Allergan. Irvine, CA. July 2017.
10. Tazorac gel prescribing information. Allergan. Irvine, CA. July 2017.
11. Tretin-X prescribing information. DPT Laboratories. San Antonio TX. May 2013.
12. Fabior prescribing information. Stiefel Laboratories, Inc. Research Triangle Park, NC. January 2014.

Program	Prior Authorization/Notification – Topical Retinoid Products
Change Control	
Date	Change
11/2013	Added Fabior
7/2013	Reformatted to align with template; added list of medical conditions; updated references
8/2014	Annual Review. Updated reference.
7/2015	Annual Review. Updated reference.
6/2016	Annual Review. Clarified cosmetic purpose question to indicate solely for cosmetic purposes.
2/2017	Updated to reflect exclusions.
2/2018	Annual review. Updated references. Clarified non-cosmetic examples.