

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2021 P 1089-10 |
| Program | Prior Authorization/Notification - Topical Retinoid Products |
| Medication | Topical Retinoid Products Altreno (tretinoin)*, Arazlo, (tazarotene)*, Avita (tretinoin)*, Atralin (tretinoin), Retin-A (tretinoin) [brand only] *, Retin-A Micro (tretinoin microspheres)*, Differin (adapalene)*, Fabior (tazarotene)*, Tazorac (tazarotene), and Aklief (trifarotene)* |
| 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, 1/2019, 1/2020, 6/2020, 4/2021 |
| Effective Date | 7/1/2021; Oxford only: 7/1/2021 |

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.)

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| 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 |

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| 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 | Tylotic 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:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

*Altreno, Arazlo, Avita, Aklief, Retin-A gel, Retin-A cream (brand only), Retin-A Micro, Differin, and Fabior are typically excluded from coverage.

4. References:

1. Atralin [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC.; July 2016.
2. Avita cream [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; June 2018.
3. Avita gel [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; January 2018
4. Differin gel [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018. Differin lotion [package insert]. Fort Worth, TX: Galderma

- Laboratories, L.P.; February 2018. Differin cream [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018. Retin-A [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC.; June 2018. Retin-A Micro [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC.; October 2017. Tazorac cream [package insert]. Irvine, CA: Allergan; July 2017. Tazorac gel [package insert]. Irvine, CA: Allergan; April 2018.
5. Fabior [package insert]. Research Triangle Park, NC. Stiefel Laboratories, Inc.; June 2018.
 6. Altreno [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC.; November 2019.
 7. Aklied cream [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; October 2019.
 8. Arazlo [package insert]. Bridgewater, NJ: Bausch Health Companies Inc.; December 2019.

| Program | Prior Authorization/Notification – Topical Retinoid Products |
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| 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. |
| 1/2019 | Added Altreno as target medication. Updated references. |
| 1/2020 | Added Aklied and removed Tretin-X (discontinued). Updated references. |
| 6/2020 | Removed generic Retin-A from criteria. Only Brand Retin-A will require notification. |
| 4/2021 | Added Arazlo as target medication. Updated references. |