

# Pharmacy Policy Bulletin

**Title:** Topical Retinoid Products

**Policy #:** Rx.01.90

**Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.**

**This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.**

**Members are advised to use participating pharmacies in order to receive the highest level of benefits.**

**Intent:**

**Topical retinoid products** are indicated for the treatment of acne vulgaris. Some topical retinoid products are also indicated for adjunctive therapy in the palliation of wrinkles or hyperpigmentation.

The use of topical retinoid products requires prior authorization (i.e. clinical pharmacy and/or Medical Director review) for the use by individuals 36 years of age and older.

**Description:**

**Topical retinoid products** are used to treat mild-to-moderate acne and skin that has been damaged by excessive sun exposure. These products irritate the skin and cause the skin cells to divide and die rapidly, thereby increasing cellular turnover and decreasing the number of skin cell layers. Topical retinoid products are effective in treating acne because the new cells replace the cells of existing inflammations, and this rapid cellular turnover prevents new inflammations from forming.

**Policy:**

**Topical retinoid products** are approved when the following inclusion criterion is met: A diagnosis consistent with a non-cosmetic use of the drug, including acne vulgaris.

**Guidelines:**

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

## BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.


**References:**

efacts. Differin®, Retin-A®, Retin-A Micro®, Avita [efacts Drug Facts and Comparisons Web site]. <http://www.factsandcomparisons.com/efacts.asp> [via subscription only]. Accessed February 28, 2012.

Haider A, Shaw JC. Treatment of acne vulgaris. JAMA. 2004;292:726-735. Available at: <http://www.uptodate.com>. Accessed February 28, 2012.

MedicineNet. Tretinoin. Retin-A®. [MedicineNet Web site]. 12/31/97. Available at: <http://www.focusonskin.com/script/main/art.asp?articlekey=2062&rd=1>. Accessed February 28, 2012.

**Applicable Drugs:**

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Differin	adapalene
Epiduo	adapalene/benzoyl peroxide
Retin-A, Retin-A Micro, Avita, Atralin	tretinoin
Ziana gel	clindamycin/tretinoin

**Cross References:**

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**Policy Version Number:** 1.00  
**P&T Approval Date:** January 12, 2012  
**Policy Effective Date:** April 01, 2012  
**Next Required Review Date:** January 12, 2013

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