

Policies Repository



Policy Title Topical Retinoid Products

Policy Number FS.CLIN.49

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 edits. 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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.

Policy 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 (ie, clinical pharmacy and/or Medical Director review) for the use by individuals 36 years of age and older.

Policy 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 Guideline Inclusion Topical retinoid products are approved when the following inclusion criterion is met:

- A diagnosis consistent with a noncosmetic use of the drug, including acne vulgaris

Policy Guideline Exclusion Topical retinoid products are denied when the following exclusion criterion is present:

- A cosmetic use of the drug, such as the palliation of wrinkles and hyperpigmentation

Policy List of Applicable Drugs

Brand Name	Generic Name
Differin	adapalene
Epiduo	adapalene/benzoyl peroxide

Retin-A, Retin-A Micro, Avita, Atralin	tretinoin
Ziana gel	clindamycin/tretinoin

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy 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 January 15, 2009.

Haider A, Shaw JC. Treatment of acne vulgaris. JAMA. 2004;292:726-735. Available at: <http://www.uptodate.com>. Accessed June 16, 2006.

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 January 15, 2009.

Policy Link to Related Policies

Printed

03/02/2009 09:37:15

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