

# PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>TOPICAL RETINOIDS</b>
<b>BRAND NAME (generic)</b>	<b>ALTRENO (tretinoin)</b>
	<b>ATRALIN (tretinoin)</b>
	<b>AVITA (tretinoin)</b>
	<b>RETIN-A (tretinoin)</b>
	<b>RETIN-A MICRO (tretinoin)</b>
	<b>TWYNEO (tretinoin/benzoyl peroxide)</b>
	<b>VELTIN (clindamycin/tretinoin)</b>
	<b>ZIANA (clindamycin/tretinoin)</b>

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

#### **Atralin, Avita, Retin-A**

Atralin, Avita, and Retin-A are indicated for topical application in the treatment of acne vulgaris. The safety and efficacy of this product in the treatment of other disorders have not been established.

#### **Altreno (tretinoin) lotion 0.05%, Twyneo**

Altreno (tretinoin) lotion 0.05% and Twyneo are indicated for the topical treatment of acne vulgaris in patients 9 years of age and older.

#### **Retin-A Micro**

Retin-A Micro is indicated for topical application in the treatment of acne vulgaris.

Tretinoins (Topical) PA Policy 355-A, 237-A 08-2022

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## **Veltin, Ziana**

Veltin and Ziana are indicated for the topical treatment of acne vulgaris in patients 12 years and older.

### Compendial Uses

Keratosis follicularis (Darier's disease, Darier-White disease) <sup>12,15-17</sup>

### **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of acne vulgaris
- OR**
- The patient has a diagnosis of keratosis follicularis (Darier's disease, Darier-White disease)

### **REFERENCES**

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11. Ziana [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; March 2017.
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