TRETINOIN
Altreno* (tretinoin), Atralin (tretinoin), Avita (tretinoin), Differin (adapalene), Epiduo (adapalene + benzoyl peroxide), Refissa (tretinoin), Plixda* (adapalene), Renova (tretinoin), Retin-A (tretinoin), Tretin-X (tretinoin), Veltin (tretinoin + clindamycin), Ziana (tretinoin + clindamycin phosphate)

*This medication is currently pending tier determination and may not be available at this time

Pre – PA Allowance
Age Age 9-34: no restriction
Age 0-8 and 35 years or older: no Pre-PA allowance

Prior-Approval Requirements
Age 35 years of age or older
Diagnoses
Patient must have ONE of the following:

1. Acne vulgaris
   a. Comodones
   b. Cysts (eruptive vellus hair cyst, cystic acne)
   c. Papules
   d. Pustules

2. Acne conglobata

3. Patient is at high risk (ie. immunocompromised, post organ transplant) with one of the following diagnoses:
   a. Actinic keratosis
   b. Basal cell carcinoma
   c. Squamous cell carcinoma

Prior - Approval Limits
Duration 12 months

Prior – Approval Renewal Requirements
Same as above

Prior – Approval Renewal Limits
Duration 12 months