BlueCross BlueShield
Federal Employee Program.

TRETINOIN

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

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

**This medication is included in this policy but is not available on the market as of yet

Pre – PA Allowance

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

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Prior-Approval Requirements

Age   **Cabtreo only:** 9 years of age or older
All other medications: 35 years of age or older

Diagnoses

Patient must have **ONE** of the following**:**

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

2. Acne conglobata

3. Patient is at high risk (i.e., 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

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Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above