



**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

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