



**BlueCross
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Federal Employee Program.

TRETINOIN

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

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

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Tretinoin is a retinoid medication derived from vitamin A used to treat both non-inflammatory and inflammatory types of acne, including blackheads, whiteheads, papules, pustules, and nodules (1-4).

Tretinoin products may also be used for cosmetic purposes such as treatment for wrinkles, fine lines and solar or photo aging. These indications are excluded from plan coverage.

Regulatory Status

FDA approved indication: Tretinoin products are indicated for the topical treatment of acne vulgaris (5-22).

Off-Label Use:

Tretinoin products are also indicated topically to treat malignant and pre-malignant skin conditions in high-risk patients with actinic keratosis, basal and squamous cell carcinoma. Current FDA approved options for the treatment of high risk patients with basal and squamous cell cancers include hedgehog pathway inhibitors, intralesional chemotherapy, and other established treatment options (3).

Some products have cosmetic indications which are excluded from coverage (5-22).

Summary

Tretinoin is a retinoid derived from vitamin A used for the topical treatment of patients with acne vulgaris and acne conglobata. Tretinoin is also used in the topical treatment of skin conditions in high risk patients (i.e., immunocompromised, post organ transplant) such as actinic keratosis, basal cell carcinoma, and squamous cell carcinoma (5-22).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of tretinoin



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