



Prior Authorization Approval Criteria

Tretinoin

Generic name:	Tretinoin
Brand name:	Atralin, Avita, Retin-A, Retin-A microgel, Tretin-X
Medication class:	Anti-acne
FDA-approved uses:	Acne Vulgaris
Available dosage forms:	topical cream and gel
Usual dose:	applied before bedtime
Approximate monthly cost: (based on AWP 2010)	varies depending on product
Duration of therapy:	varies

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- For patients 25 years of age or younger, tretinoin is available without a prior authorization.
- Patients 26 years of age or older will only be approved for coverage of tretinoin if they have documented acne vulgaris.

Contraindication:

- History of sensitivity reactions to tretinoin or any of its components.

Not approved if:

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of tretinoin.
- Being used for cosmetic purposes such as wrinkles.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 09/08/10