



## Prior Authorization Approval Criteria

### *Veltin Gel (clindamycin/tretinoin)*

<b>Generic name:</b>	Clindamycin 1.2% / Tretinoin 0.025%
<b>Brand name:</b>	Veltin
<b>Medication class:</b>	Topical anti-acne agent
<b>FDA-approved uses:</b>	Topical treatment of acne vulgaris
<b>Available dosage forms:</b>	30 gram and 60 gram tubes
<b>Usual dose:</b>	Applied once daily in the evening
<b>Duration of therapy:</b>	Indefinite
<b>Approximate cost:</b> (AWP 2011)	30 gram tube = \$177.00 60 gram tube = \$334.00

**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.
  - Clinically diagnosed acne vulgaris
  - Must be 12 years of age or older.
  - Failed topical clindamycin.
  - Failed topical tretinoin alone.
  - Failed/intolerant treatment with benzamycin.
  - Intolerance to using clindamycin and tretinoin simultaneously.
- OR
- Inability to use two separate medications.

**Contraindications:**

- The patient has a history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis (contraindicated by the manufacturer).

**Not approved if:**

- The patient has any contraindications to the use of Veltin.
- The patient has not tried clindamycin and tretinoin as separate products.
- Patient was non-compliant using clindamycin and tretinoin as separate products simultaneously.
- Product is being used for convenience.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 12/14/11