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Retinoids Prior Authorization Criteria

Brand	Generic	Dosage Form
Atralin™	tretinoin	topical gel
Avita®	tretinoin	topical cream*, gel
Retin-A®	tretinoin	topical cream*, gel*
Retin-A Micro®	tretinoin	topical gel, microsphere
Tretin-X™	tretinoin	topical cream, gel
Tazorac®	tazarotene	topical gel, cream
Ziana™	tretinoin and clindamycin	topical gel

* generic available and included in the program

FDA APPROVED INDICATIONS¹⁻⁸

Atralin™¹

Atralin™ (tretinoin) gel 0.05% is indicated for topical treatment of acne vulgaris. The safety and efficacy of this product in the treatment of other disorders have not been established.

Avita®²

Avita® (tretinoin) cream 0.025% and gel 0.025% are indicated for topical application in the treatment of acne vulgaris. The safety and efficacy of this product in the treatment of other disorders have not been established.

Retin-A®³

Retin-A® (tretinoin) cream 0.025%, 0.05%, and 0.1%, gel 0.025% and 0.1%, and liquid 0.05% are indicated for topical application in the treatment of acne vulgaris. The safety and efficacy of the long-term use of this product in the treatment of other disorders have not been established.

Retin-A Micro®⁴

Retin-A Micro® (tretinoin) gel microsphere 0.1% and 0.04% is indicated for topical application in the treatment of acne vulgaris. The safety and efficacy of the use of this product in the treatment of other disorders have not been established.

Tretin-X™⁵

Tretin-X™ (tretinoin) gel 0.025% and 0.01% and cream 0.025%, 0.05% and 0.1% are indicated for topical application in the treatment of acne vulgaris. The safety and efficacy of the long-term use of this product in the treatment of other disorders have not been established.

Tazorac® Cream⁶

Tazorac® (tazarotene) cream 0.05% and 0.1% is indicated for the topical treatment of patients with plaque psoriasis. In addition, Tazorac® (tretinoin) cream 0.1% is indicated for the topical treatment of patients with acne vulgaris.

Tazorac® Gel⁷

Tazorac® (tazarotene) gel 0.05% and 0.1% are indicated for the topical treatment of patients with stable plaque psoriasis of up to 20% body surface area involvement. Tazorac gel 0.1% is also indicated for the topical treatment of patients with facial acne vulgaris of mild to moderate severity. The efficacy of Tazorac gel in the treatment of acne previously treated with other retinoids or resistant to oral antibiotics has not been established.

Ziana™⁸

Ziana™ (clindamycin 1.2% and tretinoin 0.025%) topical gel is a lincosamide antibiotic and retinoid combination product indicated for the topical treatment of acne vulgaris in patients twelve years of age or older.

RATIONALE FOR PRIOR AUTHORIZATION OF RETINOIDS

The intent of the Prior Authorization (PA) criteria for the retinoid acne agents is to discourage use of these agents for the treatment of photoaging or photodamaged skin. There are other agents that are approved by the Food and Drug Administration (FDA) and marketed for cosmetic use. Agents include Renova® (tretinoin cream), Solage® (tretinoin solution in combination with mequinol), and Avage® (tazarotene cream)⁹⁻¹². Retinoid agents approved for treatment of photodamage or photoaging are not considered medically necessary and are usually an excluded benefit.

The retinoid acne agents in this program (tretinoin and tazarotene) are FDA approved for the treatment of acne vulgaris. Tazarotene has an additional indication for the treatment of plaque psoriasis. Adapalene (Differin®), another retinoid agent approved by the FDA for treatment of acne vulgaris, is not included in the retinoid prior authorization program. This agent has not been extensively evaluated for improvement of photodamage or photoaging. In one published, nine month study (N=90), the safety and efficacy of adapalene gel for the treatment of actinic keratoses and solar lentiginos demonstrated clinically significant reductions in the mean number of actinic keratoses (0.5 ± 0.9 for adapalene 0.1% gel and 2.5 ± 0.9 for 0.3% gel, versus an increase of 1.5 ± 1.3 for vehicle gel [$p < 0.05$]).¹³ At study end, 57% and 59% of the patients had lighter lesions in the 0.1% and 0.3% groups, respectively, versus 36% in the vehicle group ($p < 0.05$).¹³ Although histologic evaluations demonstrated improved cellular atypia and reduced epidermal melanin in both the adapalene-treated groups compared with the vehicle-treated group, differences were not statistically significant.¹³ Effect of adapalene on features of photoaged skin was evaluated from before and after pictures of 42 of the study participants by two dermatologists who were treatment-blinded.¹³ The dermatologists reported significant improvements in mottled hyperpigmentation, global appearance, fine wrinkles, and erythema in the adapalene groups versus vehicle ($p < 0.05$) although reduction in coarse wrinkles was not significant.¹³ The effectiveness of adapalene for the treatment of photodamaged skin has not been compared to tretinoin or tazarotene.

In a study evaluating data from the National Ambulatory Medical Care Survey (NAMCS) collected from 1996 through 2000, investigators examined the prescribing patterns for topical retinoids used for treatment of acne vulgaris.¹⁴ Data indicated that 91% of patients prescribed adapalene had a diagnosis of acne vulgaris. Age-related trends indicated a significant decrease in retinoid prescriptions beyond the teen years, paralleling the percentage of patients with acne. In older patients (age greater than or equal to 65 years) tretinoin prescribing did not decrease as much as adapalene prescribing. Authors concluded that prior authorization for adapalene at any age does not appear cost-effective.¹⁴ Adapalene has not been included as a target agent for the retinoid prior authorization program.

Use of the retinoid acne agents will be approved for treatment of acne vulgaris (and plaque psoriasis if the agent is Tazorac), but not for the treatment of photoaging skin. Topical retinoid agents have been used for the treatment of actinic keratosis and the PA process will allow for use in cancerous or precancerous conditions. Included in the PA process is an on-line age edit that allows automatic payment of retinoid claims for patients below forty years of age. Claims for patients forty years of age or older will require PA approval through the Clinical Review process. The age limit of forty years or older as the edit failure parameter has been based on analysis of NAMCS data (1990-1994).¹⁵ In this analysis, acne-related treatment with tretinoin was equal to nonacne conditions around forty-four years of age. This is consistent with a study of the prevalence of acne in adults in the United Kingdom.¹⁶ Data from this study indicated the prevalence of acne did not substantially decline between the ages of twenty-four and forty-four years of life but fell significantly after forty-five years of age.¹⁶ Because of conservative assumptions made in their analysis, the authors of the NAMCS data evaluation suggest a lower age cut-off and suggest insurance companies use a minimum age of forty years as a cut-off to determine coverage of retinoid agents for acne.¹⁵

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Topical Retinoids

Initial and Renewal Evaluation

1. Is the patient 40 years of age or older?
If yes, continue to 2. If no, approve for 12 months.
2. Is the requested agent to be used for the treatment of a cancerous or pre-cancerous skin condition (e.g., actinic keratosis, actinic cheilitis, leukoplakia, Bowen's Disease, arsenical keratosis)?
If yes, approve for 12 months. If no, continue to 3.
3. Is the acne agent prescribed for the treatment of acne vulgaris?
If yes, approve for 12 months. If no, continue to 4.
4. Is the agent topical Tazorac prescribed for plaque psoriasis?
If yes, approve for 12 months? If no, deny.

REFERENCES

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2. Avita® prescribing information. Bertek Pharmaceuticals Inc. January 2002.
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7. Tazorac® Gel prescribing information. Allergan, Inc. January 2004.
8. Ziana™ Gel prescribing information. Medicis. November 2006.
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Document History

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