

Adapalene (0.3% gel and 0.1% cream)

POLICY NUMBER: *RX.PA.470*

REVISION DATE: *N/A*

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POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

Formulary acne medications are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

- Member must have a diagnosis of acne
- Must not be used for cosmetic use (e.g. wrinkles, sun damage, melasma)
- Member must have a history of trial and failure or documented contraindication to a topical tretinoin product

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Differin [Product Information]. DPT Laboratories, Ltd. San Antonio, TX. June 2004.
2. Retin-A Micro [Product Information]. Ortho-McNeil Pharmaceutical, Inc. Skillman, NJ. May 2002.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

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REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Policy created</i>	<i>12/18</i>