Adapalene

Override(s) | Approval Duration
--- | ---
Prior Authorization | 1 year

<table>
<thead>
<tr>
<th>Medications</th>
<th>Comments</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapalene</td>
<td>N/A</td>
<td>May be subject to quantity limit</td>
</tr>
<tr>
<td>MSB Differin</td>
<td>Use MSB criteria</td>
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**APPROVAL CRITERIA**

Requests for adapalene agents may be approved for the following:

I. Individual has a diagnosis of acne; AND
II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to Differin OTC and one preferred topical tretinoin agent*; AND

*Preferred topical tretinoin agents: tretinoin gel 0.01%, 0.025%; tretinoin gel micro 0.1%; tretinoin cream 0.025%, 0.05%, 0.1%.

*All tretinoin pump formulations are non-preferred.

III. Documentation is provided for the clinical necessity of a non-preferred agent and the same medical reason and clinical benefit are not expected with the preferred agent.

**State Specific Mandates**

<table>
<thead>
<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

**Key References**:


DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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