

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

## Adapalene

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments	Quantity Limit
Adapalene	N/A	May be subject to quantity limit
MSB Differin	Use MSB criteria	
Plixda (adapalene) Swabs	N/A	

### 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 or intolerance to adapalene 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.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 7, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.