

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

Aklief (trifarotene)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Aklief (trifarotene) 0.005% cream

APPROVAL CRITERIA

Requests for Aklief (trifarotene) may be approved for the following:

- I. Individual has a diagnosis of acne vulgaris; **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 two preferred single ingredient topical retinoid acne agents.

Preferred agents: OTC Differin, Tretinoin gel 0.01%, 0.025%; tretinoin gel micro 0.1%; tretinoin cream 0.025%, 0.05%, 0.1%. All pump formulations of tretinoin are non-preferred.

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: December 5, 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.

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New Program Date 11/22/2019

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.