

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	RETINOIDS (TOPICAL)
BRAND NAME (generic)	DIFFERIN (adapalene)
Status: CVS Caremark Criteria Type: Initial Prior Authorization	

POLICY

FDA-APPROVED INDICATIONS

Differin Gel 0.1% and Cream are indicated for the topical treatment of acne vulgaris.

Differin Gel 0.3% and Lotion are indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of acne vulgaris

REFERENCES

1. Differin Cream [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
2. Differin Gel 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; April 2011.
3. Differin Gel 0.3% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
4. Differin Lotion 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed June 2018.
6. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed June 2018.
7. Zaenglein A, Pathy A, Schlosser B, et al. Guidelines of Care for Acne Vulgaris Management. *J Am Acad Dermatol*. 2016; 74(5):945-973.