

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1089-14
Program	Prior Authorization/Notification - Topical Retinoid Products
Medication	Topical Retinoid Products Altreno® (tretinoin)*, Arazlo®, (tazarotene)* Avita® (tretinoin)*, Atralin® (tretinoin)*, Retin-A® (tretinoin) [brand only]*, Retin-A Micro® (tretinoin microspheres)*, Differin® (adapalene)*, Fabior® (tazarotene)*, Tazorac® (tazarotene), and Aklief® (trifarotene)
P&T Approval Date	2000, 3/2006, 2/2007 3/2007, 10/2008, 10/2009, 5/2010, 5/2011, 7/2012, 7/2013, 11/2013, 8/2014, 7/2015, 6/2016, 2/2017, 2/2018, 1/2019, 1/2020, 6/2020, 4/2021, 4/2022, 10/2023, 10/2024, 10/2025
Effective Date	1/1/2026

1. Background:

Topical retinoid products are indicated for cosmetic and medical conditions (e.g., acne vulgaris, psoriasis, precancerous skin lesions). Cosmetic use is not a covered benefit per the UnitedHealthcare pharmacy Rider. Therefore, Prior Authorization/Notification is in place to verify the use is for the diagnosis of a medical condition. For covered medications, if members are younger than 30 years of age the topical retinoid prescription will automatically adjudicate without a coverage review.

2. Coverage Criteria^a:

A. Topical Retinoid Products will be approved based on **both** of the following:

- The member has a non-cosmetic medical condition (e.g., acne vulgaris, psoriasis, precancerous skin lesions, other conditions listed below, etc.)

Acanthosis nigricans	Keratoderma
Acne	Keratoderma palmaris et plantaris
Acne keloidalis nuchae	Keratosis rubra figurata
Acne rosacea	Kyrle's disease
Acne vulgaris	Lamellar ichthyosis
Actinic cheilitis	Leukoplakia
Actinic dermatitis	Lichen planus
Actinic keratosis	Mal de Meleda
Basal cell carcinoma	Malignancy
Bowen's disease	Mendes da Costa syndrome
Cystic acne	Molluscum contagiosum
Darier's disease	Non-bullous congenital ichthyosis
Darier-White Disease	Papillon-Lefevre syndrome
Dermal mucinosis	Porokeratosis
Discoïd lupus erythematosus	Pseudofollicular barbae
Epidermoid cysts	Pseudoacanthosis nigricans
Epidermolytic hyperkeratosis	Psoriasis

Erythrokeratoderma variabilis	Psoriasis erythrodermic, palmoplantar
Favre-Racouchot disease	Psoriasis pustular
Flat warts	Psoriatic arthritis
Folliculitis	Rosacea
Fox Fordyce disease	Sebaceous cysts
Grover’s disease	Senile keratosis
Hidradenitis suppurativa	Solar keratosis
Hyperkeratosis	Squamous cell carcinoma
Hyperkeratosis follicularis	Transient acantholytic dermatosis
Hyperkeratotic eczema	Tyloitic eczema
Ichthyoses	X-linked ichthyosis
Ichthyosis vulgaris	Verruca plana
Keratoacanthoma	Von Zumbusch pustular
Keratosis follicularis	Warts

-AND-

2. Medication is not being requested solely for cosmetic purposes (e.g., photoaging, wrinkling, hyperpigmentation, sun damage, melasma)

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

*Altreno, Arazlo, Avita, Atralin, , Retin-A gel, Retin-A cream (brand only), Retin-A Micro, Differin, and Fabior are typically excluded from coverage.

4. References:

1. Atralin [package insert]. Bridgewater, NJ: Bausch Health US, LLC.; February 2024.
2. Differin gel [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; December 2023.
3. Differin lotion [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; April 2023.
4. Differin cream [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; October 2022.
5. Retin-A [package insert]. Bridgewater, NJ: Bausch Health US, LLC.; March 2024.
6. Retin-A Micro [package insert]. Bridgewater, NJ: Bausch Health US, LLC.; April 2025.
7. Tazorac cream [package insert]. Exton, PA: Almirall, LCC.; August 2019.
8. Tazorac gel [package insert]. Irvine, CA: Allergan; April 2018.
9. Fabior [package insert]. Raleigh, NC. Mayne Pharma LLC.; February 2023.

10. Altreno [package insert]. Bridgewater, NJ: Bausch Health US, LCC.; March 2020.
11. Aklied cream [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; October 2023.
12. Arazlo [package insert]. Bridgewater, NJ: Bausch Health Companies Inc.; August 2023.

Program	Prior Authorization/Notification – Topical Retinoid Products
Change Control	
Date	Change
11/2013	Added Fabior
7/2013	Reformatted to align with template; added list of medical conditions; updated references
8/2014	Annual Review. Updated reference.
7/2015	Annual Review. Updated reference.
6/2016	Annual Review. Clarified cosmetic purpose question to indicate solely for cosmetic purposes.
2/2017	Updated to reflect exclusions.
2/2018	Annual review. Updated references. Clarified non-cosmetic examples.
1/2019	Added Altreno as target medication. Updated references.
1/2020	Added Aklied and removed Tretin-X (discontinued). Updated references.
6/2020	Removed generic Retin-A from criteria. Only Brand Retin-A will require notification.
4/2021	Added Arazlo as target medication. Updated references.
4/2022	Annual Review. Corrected spelling of conditions in table. Updated Atralin to reflect exclusion.
10/2023	Annual review. Updated references.
10/2024	Annual review. Updated references.
10/2025	Annual review. Updated references. Removed Aklied from the typically- excluded list.