



## Retinoids (topical) Step Therapy Program Summary

Your health benefit plan may not cover certain prescription drug products or drug categories included in this document. Please consult your benefit plan materials for details about your particular benefit. This document may include drugs that are not included on your plan's formulary. For drug coverage status, please consult your plan's formulary.

### POLICY REVIEW CYCLE

**Effective Date**  
01-01-2026

**Date of Origin**

### FDA LABELED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Adapalene Gel* Pads Solution	Topical treatment of acne vulgaris	*generic available	3,12,13
Akief® (trifarotene) Cream	Topical treatment of acne vulgaris in patients 9 years of age and older		19
Altreno® (tretinoin) Lotion	Topical treatment of acne vulgaris in patients 9 years of age and older		11
Arazlo® (tazarotene) Lotion	Topical treatment of acne vulgaris in patients 9 years of age and older		20
Atralin® (tretinoin) Gel*	Topical treatment of acne vulgaris	*generic available	1
Differin® (adapalene) Cream* Gel* Lotion	<u>Cream (0.1%):</u> Topical treatment of acne vulgaris <u>Gel (0.3%) and Lotion (0.1%):</u> Topical treatment of acne vulgaris in patients 12 years of age and older	*generic available	2,10,15
Epiduo® Forte	Topical treatment of acne vulgaris in adults and pediatric patients 12 years of age and older	*generic available	26

Agent(s)	FDA Indication(s)	Notes	Ref#
(adapalene/benzoyl peroxide) Gel*			
Epiduo®  (adapalene/benzoyl peroxide) Gel*	Topical treatment of acne vulgaris in patients 9 years of age and older	*generic available	25
Fabior®, Tazarotene  Foam	Topical treatment of acne vulgaris in patients 12 years of age or older		14
Retin-A®  (tretinoin)  Cream*  Gel*	Topical treatment of acne vulgaris	*generic available	4
Retin-A Micro®, Tretinoin  Gel microsphere*	Topical treatment of acne vulgaris	*generic available	5
Tazorac®  (tazarotene)  Cream*  Gel*	<p><u>Cream (0.1%):</u></p> <ul style="list-style-type: none"> <li>• Topical treatment of plaque psoriasis</li> <li>• Topical treatment of acne vulgaris</li> </ul> <p><u>Gel:</u></p> <ul style="list-style-type: none"> <li>• 0.05% and 0.1% gel are indicated for the topical treatment of patients with plaque psoriasis of up to 20% body surface area involvement</li> <li>• 0.1% gel is indicated for the topical treatment of mild to moderate severity facial acne vulgaris</li> </ul> <p>Limitation of Use: The safety of tazarotene gel use on more than 20% body surface area has not been established in psoriasis or acne.</p>	*generic available	8,9
Twynéo®  (tretinoin/benzoyl peroxide)  Cream	Topical treatment of acne vulgaris in adults and pediatric patients 9 years of age and older		24

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

Acne Vulgaris	<p>Acne vulgaris is a common, chronic, inflammatory skin disorder of the pilosebaceous unit. Signs and symptoms include comedones, papules, pustules, or nodules on the face, but may also affect the upper arms, trunk, and back. Acne vulgaris most commonly occurs in adolescents, but it can affect most age groups and can persist into adulthood.(17,18) Topical therapies are the mainstay of acne treatment, and are used alone or in combination with other topical or oral agents. Using a combination of multiple mechanisms of action of topical therapies is recommended as multimodal therapy to optimize efficacy and reduce the risk of antibiotic resistance. Systemic oral antibiotics are typically used to treat moderate to severe acne.(17)</p> <p>Topical retinoids are vitamin A derivatives and are strongly recommended for the treatment of acne by the American Academy of Dermatology (AAD). Topical retinoid agents include tretinoin, adapalene, tazarotene, and trifarotene. Only modest differences in activity, tolerability, and efficacy have been noted between the different retinoids, and comparative effectiveness data does not suggest superiority of one topical retinoid against another.(17)</p> <p>Benzoyl peroxide (BP) is strongly recommended by the AAD for the treatment of acne. BP is a topical antimicrobial agent and is available over-the-counter. BP use is limited by concentration and formulation dependent side effects, including burning, stinging, dryness, erythema, and irritation.(17)</p> <p>Topical antibiotics are strongly recommended by the AAD for the treatment of acne and have both antibacterial and anti-inflammatory effects. Treatment options include erythromycin, clindamycin, minocycline, and dapsone. Topical antibiotic monotherapy is not recommended due to the risk of antibiotic resistance, and they should be used in combination with BP and/or a topical retinoid. There is a lack of evidence to suggest superiority of one topical antibiotic against another.(17)</p> <p>Fixed dose combination products of topical antibiotics, topical retinoids, and/or BP are strongly recommended by the AAD. Fixed dose combination products assist in treatment regimen adherence and may be less expensive than their individual components separately. When using a combination topical retinoid/antibiotic agent, it is recommended to use concomitant BP to prevent antibiotic resistance. Insufficient evidence is available to recommend topical BP, retinoids, antibiotics, or their combinations over one another.(17)</p> <p>Clascoterone (Winlevi) is a topical antiandrogen agent. It is conditionally recommended for the treatment of acne by the AAD due to treatment access and cost, despite a high certainty of benefits over risks. Azelaic acid is a topical comedolytic, antibacterial, and anti-inflammatory agent and is also conditionally recommended for the treatment of acne by the AAD. Azelaic acid may be beneficial for patients with sensitive skin or dyspigmentation due to its lightening effects. Insufficient evidence is available to develop a recommendation on the use of topical sodium sulfacetamide for acne even though it is used in practice.(17)</p>
Additional Information: Topical Retinoids for Acne	<p>The age limit of 40 years or older as the edit parameter is based on analysis of National Ambulatory Medical Care Survey (NAMCS) data from 1990-1994 and 1990-2004.(21,22) In the initial analysis, acne-related treatment with tretinoin was equal to non-acne conditions around 44 years of age.(21) The second analysis confirmed that there was a "minute probability" of non-acne-related use of topical retinoids in the population aged 40 years and younger.(22) The authors of the NAMCS data evaluations suggest a minimum age of 40 years as a cut-off to determine coverage of retinoid agents for acne.(21,22) These analyses were consistent with a study of the prevalence of acne in adults 20 years and older. The prevalence declined in the older age groups, with the 40 to 49 years group showing a prevalence of 26.3% (n=93) in women and 12.0% (n=36) in men. This contrasts with the 20 to 29 years group which showed a prevalence of 50.9% (n=276) in women and 42.5% (n=201) in men.(27) Data from a UK study indicated the prevalence of acne did not substantially decline between the ages of 24 and 44 years of life but fell significantly after 45 years of age.(23)</p>

Psoriasis

Psoriasis (PS) is a chronic inflammatory skin and systemic disorder. It is a complex disease that affects the skin and joints and is associated with numerous comorbidities, including obesity and inflammatory bowel disease. Psoriasis vulgaris, or plaque psoriasis, is a cutaneous form that often presents with pink plaques with silvery scale on the scalp, elbows, knees, or presacral region, but any area of the skin may be involved.(6,7) Plaque psoriasis is the most common form (affecting 90% of adults with psoriasis), but others include guttate, erythrodermic, pustular, inverse, nail, and psoriatic arthritis (PsA). PS is clinically diagnosed based on the presence of cutaneous and systemic symptoms, and treatment is similar for most forms but is guided by the body surface area (BSA) involved.(16)

The American Academy of Dermatology (AAD) and National Psoriasis Foundation (NPF) categorize psoriasis severity as mild (less than 3% of BSA), moderate (3% to 10% of BSA), or severe (greater than 10% of BSA). The AAD/NPF guidelines also note that psoriasis can be considered severe irrespective of BSA when it causes serious emotional consequences, occurs in select locations (e.g., hands, feet, scalp, face, or genital area), or when it causes intractable pruritus.(6)

Topical therapies are most commonly used to treat mild to moderate PS, but they may be used in combination with phototherapy, systemic, or biologic therapies for the treatment of moderate to severe PS.(29) Topical therapies alone can be sufficient for managing limited disease and also have fewer significant adverse effects compared to systemic treatment options.(7)

Topical corticosteroids (TCS) have high efficacy and good safety for the treatment of PS, especially localized disease.(29) TCS have shown to be the most effective topical treatment for psoriasis plaques.(30) Moderate to high potency TCS are generally recommended as initial therapy, but very high (super) potency TCS may be required for thick, chronic plaques. Lower potency TCS should be used to treat PS on the face or intertriginous areas, or areas that are susceptible to skin atrophy and adverse effects.(29) It is important to consider the anatomical site, BSA of application, patient age, and severity of the disease when choosing a steroid potency and vehicle.(28,29) Studies have shown that different potency TCS were effective and safe at 2 to 4 weeks in the treatment of mild to severe plaque psoriasis. To decrease the risk of corticosteroid adverse effects, TCS may be used short term (e.g., 2 to 4 weeks) to treat flares, while vitamin D analogues, topical retinoids, and calcineurin inhibitors can be used as maintenance treatment.(29)

Topical calcineurin inhibitors (TCIs), such as tacrolimus and pimecrolimus, are often used in the treatment of psoriasis.(29) The use of TCIs can lead to the avoidance of adverse effects secondary to long term TCS use, and they can be beneficial for prolonged treatment of areas of thinner skin, the face, and intertriginous areas.(29,30)

Vitamin D analogues (e.g., calcipotriene and calcitriol) have been shown to be safe and effective for the treatment of mild to moderate PS.(29) Vitamin D analogues may be used as monotherapy, but combination therapy with a TCS has shown superior efficacy.(29,30) Calcipotriene ointment combined with topical tacrolimus is also more efficacious than tacrolimus alone.(29)

Tazarotene is a topical retinoid that is recommended for the treatment of mild to moderate PS. Tazarotene has been shown to be efficacious as monotherapy, but adding a TCS as combination therapy increases efficacy. The combination use with a medium to high potency TCS has been shown to increase the duration of treatment effect and the time of remission. Tazarotene can also be beneficial for the treatment of palmar-plantar psoriasis and nail psoriasis. Studies have shown topical tazarotene has similar efficacy to fluocinonide cream, crude coal tar 5% ointment, and calcipotriene 0.005% ointment.(29)

Other topical medications that can be used for the treatment of PS include salicylic acid and coal tar, and both are recommended for the treatment of mild to moderate

	<p>psoriasis.(29) Salicylic acid is an effective treatment as monotherapy, or it can be combined with a TCS or TCI to increase efficacy and the penetration of the combined agent.(29,30) Coal tar may be combined with phototherapy to reduce the time of clearance and improve therapeutic outcomes compared to phototherapy alone. Topical anthralin is also an effective treatment for mild to moderate psoriasis.(29)</p> <p>For the treatment of PS in the pediatric patient population, topical corticosteroids are the mainstay option based on extensive clinical experience that supports efficacy. Topical calcineurin inhibitors are also a treatment option and may be preferred for psoriasis of the face, genitalia, and body folds. Vitamin D analogues are recommended as a treatment option for childhood plaque psoriasis and are considered safe, effective, and generally well tolerated. Vitamin D analogues are frequently used in combination with TCS. Other topical therapies that may be used for the treatment of pediatric psoriasis include tazarotene, anthralin, and coal tar.(28)</p>
Safety	<p>Adapalene is contraindicated in patients who are hypersensitive to adapalene or any of the components in the vehicle.(2,3,10,12,13,15)</p> <p>Aklief, Altreno, Atralin, Epiduo, and Retin-A Micro have no FDA labeled contraindications for use.(1,5,11,19,25)</p> <p>Arazlo and Fabior are contraindicated in pregnancy.(14,20)</p> <p>Epiduo Forte and Twyneo are contraindicated in patients with a history of hypersensitivity reactions to benzoyl peroxide or any components of the formulation.(24,26)</p> <p>Retin-A is contraindicated in patients who have hypersensitivity to any of the ingredients.(4)</p> <p>Tazorac is contraindicated in the following:(8,9)</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Individuals who have a known hypersensitivity to any of its components</li> </ul>

## REFERENCES

Number	Reference
1	Atralin prescribing information. Bausch Health US, LLC. February 2024.
2	Differin Gel 0.3% prescribing information. Galderma Laboratories, L.P. December 2023.
3	Adapalene 0.1% gel prescribing information. PruGen, Inc. January 2018.
4	Retin-A prescribing information. Bausch Health US, LLC. May 2024.
5	Retin-A Micro prescribing information. Bausch Health US, LLC. April 2024.
6	Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. <i>Journal of the American Academy of Dermatology</i> . 2019;80(4):1029-1072. doi:10.1016/j.jaad.2018.11.057
7	Menter A, Gelfand JM, Connor C, et al. Joint American Academy of Dermatology–National Psoriasis Foundation guidelines of care for the management of psoriasis with systemic nonbiologic therapies. <i>Journal of the American Academy of Dermatology</i> . 2020;82(6):1445-1486. doi:10.1016/j.jaad.2020.02.044
8	Tazorac Gel prescribing information. Almirall, LLC. February 2020.
9	Tazorac Cream prescribing information. Almirall, LLC. December 2022.
10	Differin Cream prescribing information. Galderma Laboratories, L.P. October 2022.
11	Altreno prescribing information. Bausch Health US, LLC. March 2020.
12	Adapalene 0.1% solution prescribing information. Rochester Pharmaceuticals. October 2023.

Number	Reference
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14	Fabior prescribing information. Mayne Pharma. May 2024.
15	Differin Lotion 0.1% prescribing information. Galderma Laboratories, LP. April 2023.
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19	Aklief prescribing information. Galderma Laboratories, L.P. October 2023.
20	Arazlo prescribing information. Bausch Health US, LLC. September 2023.
21	McConnel RC, Fleisher AB, Williford PM, Feldman SR. Most topical tretinoin treatment is for acne vulgaris through the age of 44 years: An analysis of the National Ambulatory Medical Care Survey, 1990-1994. <i>J Am Acad Dermatol</i> . 1998;38:221-226. doi:10.1016/s0190-9622(98)70598-5
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23	Goulden V, Stables GI, Cunliffe WJ. Prevalence of acne in adults. <i>J Am Acad Dermatol</i> . 1999;41(4):577-580. doi:10.1016/S0190-9622(99)80056-5
24	Twyneo prescribing information. Galderma Laboratories L.P. July 2023.
25	Epiduo prescribing information. Galderma Laboratories, L.P. February 2018.
26	Epiduo Forte prescribing information. Galderma Laboratories, L.P. April 2022.
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## POLICY AGENT SUMMARY STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Adapalene		0.1 %	M ; N ; O	N		
Adapalene		0.1 %	M ; N ; O	N		
Aklief		0.005 %	M ; N ; O	N		
Altreno		0.05 %	M ; N ; O	N		
Arazlo		0.045 %	M ; N ; O	N		
Atralin ; Retin-a		0.01 % ; 0.025 % ; 0.05 %	M ; N ; O	O ; Y		
Differin		0.1 %	M ; N ; O	O ; Y		
Differin		0.1 %	M ; N ; O	N		
Differin ; Differin pump		0.3%	M ; N ; O	O ; Y		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Epiduo ; Epiduo forte		0.1-2.5 % ; 0.3-2.5 %	M ; N ; O	O ; Y		
Fabior ; Tazarotene		0.1 %	M ; N ; O	N		
Retin-a		0.025 % ; 0.05 % ; 0.1 %	M ; N ; O	O ; Y		
Retin-a micro ; Retin-a micro pump ; Tretinoin microsphere ; Tretinoin microsphere pum		0.04 % ; 0.06 % ; 0.08 % ; 0.1 %	M ; N ; O	M ; N ; O ; Y		
Tazorac		0.1 %	M ; N ; O	O ; Y		
Tazorac		0.05 % ; 0.1 %	M ; N ; O	O ; Y		
Twynéo		0.1-3 %	M ; N ; O	N		

## CLIENT SUMMARY – STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Adapalene		0.1 %	Accord Enhanced
Adapalene		0.1 %	Accord Enhanced
Aklief		0.005 %	Accord Enhanced
Altreno		0.05 %	Accord Enhanced
Arazlo		0.045 %	Accord Enhanced
Atralin ; Retin-a		0.01 % ; 0.025 % ; 0.05 %	Accord Enhanced
Differin		0.1 %	Accord Enhanced
Differin		0.1 %	Accord Enhanced
Differin ; Differin pump		0.3%	Accord Enhanced
Epiduo ; Epiduo forte		0.1-2.5 % ; 0.3-2.5 %	Accord Enhanced
Fabior ; Tazarotene		0.1 %	Accord Enhanced
Retin-a		0.025 % ; 0.05 % ; 0.1 %	Accord Enhanced
Retin-a micro ; Retin-a micro pump ; Tretinoin microsphere ; Tretinoin microsphere pum		0.04 % ; 0.06 % ; 0.08 % ; 0.1 %	Accord Enhanced
Tazorac		0.1 %	Accord Enhanced
Tazorac		0.05 % ; 0.1 %	Accord Enhanced
Twynéo		0.1-3 %	Accord Enhanced

## STEP THERAPY CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval	
ST	<p><b>TARGET AGENT(S)</b></p> <p><b>Adapalene</b> (pads, solution)  <b>Aklief</b> (trifarotene cream)  <b>Altreno</b> (tretinoin lotion)  <b>Arazlo</b> (tazarotene lotion)  <b>Atralin*</b> (tretinoin gel)  <b>Differin cream*, gel*, lotion</b> (adapalene)  <b>Epiduo*</b> (adapalene/benzoyl peroxide gel)  <b>Epiduo Forte*</b> (adapalene/benzoyl peroxide gel)  <b>Fabior, Tazarotene foam</b>  <b>Retin-A cream*, gel*</b> (tretinoin)  <b>Retin-A Micro, Tretinoin gel microsphere*</b>  <b>Tazorac cream 0.1%*, gel*</b></p>	<p><b>PREREQUISITE AGENT(S)</b></p> <p>generic:  adapalene cream  adapalene gel  adapalene/benzoyl peroxide gel  tazarotene cream  tazarotene gel  tretinoin cream  tretinoin gel  tretinoin gel microsphere</p>

Module	Clinical Criteria for Approval
	<div data-bbox="235 184 1230 279" style="border: 1px solid black; padding: 2px;">           (tazarotene)  <b>Twynéo</b> (tretinoin/benzoyl peroxide cream)         </div> <p data-bbox="235 321 1179 352">*generic available and included as a prerequisite in the Step Therapy program</p> <p data-bbox="235 453 1073 485"><b>Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol data-bbox="282 520 1352 552" style="list-style-type: none"> <li>1. The requested agent is eligible for continuation of therapy AND ONE of the following:             <div data-bbox="544 583 1240 663" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;"><b>Agents Eligible for Continuation of Therapy</b></p> <p style="margin: 0;">All target agents are eligible for continuation of therapy</p> </div> <ol data-bbox="350 743 1523 863" style="list-style-type: none"> <li>A. The patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days <b>OR</b></li> <li>B. The prescriber states the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed <b>OR</b></li> </ol> </li> <li>2. The patient has ONE of the following:             <ol data-bbox="350 888 1523 1031" style="list-style-type: none"> <li>A. A medication history of use in the past 90 days to ONE prerequisite agent <b>OR</b></li> <li>B. An intolerance or hypersensitivity to ONE prerequisite agent that is NOT expected to occur with the requested agent <b>OR</b></li> <li>C. An FDA labeled contraindication to ALL prerequisite agents that is NOT expected to occur with the requested agent</li> </ol> </li> </ol> <p data-bbox="235 1068 638 1100"><b>Length of Approval:</b> 12 months</p>