

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG</b>	Tretin-X Cream (tretinoin)
<b>POLICY #</b>	13134
<b>INDICATIONS</b>	TRETIN-X cream is indicated for topical application in the treatment of acne vulgaris.
<b>CRITERIA</b>	<p>ConnectiCare considers Tretin-X to be medically necessary for patients 12 years of age and older who meet all of the following criteria:</p> <ul style="list-style-type: none"><li>• Patient has clinically documented acne vulgaris</li><li>• Patient has a documented intolerance to, or treatment failure of, an adequate trial of generic tretinoin gel or cream</li></ul>
<b>REFERENCES</b>	1. Tretin-X full prescribing information. Triax pharmaceuticals, Mountain Lakes, NJ.
<b>P&amp;T REVIEW HISTORY</b>	12/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
<b>REVISION RECORD</b>	