

PRIOR AUTHORIZATION CRITERIA

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

POLICY

FDA-APPROVED INDICATIONS

Differin Cream 0.1%, Adapalene Gel 0.1%, Adapalene Topical Solution 0.1% (swab), Adapalene Topical Solution 0.1%

Differin Cream 0.1%, Adapalene Gel 0.1%, Adapalene Topical Solution 0.1% (swab), and Adapalene Topical Solution 0.1% are indicated for the topical treatment of acne vulgaris.

Differin Gel 0.3%, Differin Lotion 0.1%

Differin Gel 0.3% and Differin Lotion 0.1% 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. Adapalene Gel 0.1% [package insert]. Mahwah, NJ: Glenmark Pharmaceuticals Inc., USA; September 2014.
2. Adapalene Topical Solution 0.1% [package insert]. Canton, MS: Allegis Holding LLC; March 2020.
3. Adapalene Topical Solution 0.1% Swab [package insert]. Doylestown, PA: Rochester Pharmaceuticals; November 2020.
4. Differin Cream 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; November 2011.
5. Differin Gel 0.3% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
6. Differin Lotion 0.1% [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
7. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed July 13, 2021.
8. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed July 13, 2021.
9. Zaenglein A, Pathy A, Schlosser B, et al. Guidelines of Care for the Management of Acne Vulgaris. *J Am Acad Dermatol*. 2016;74(5):945-973.