

**trifarotene (AKLIEF)**

**Diagnosis Considered for Coverage:**

- Acne vulgaris

**Coverage Criteria:**

**For diagnosis of acne vulgaris, approve if:**

- Inadequate response or intolerable side effect to one topical retinoid (e.g. tretinoin, adapalene) AND one other topical acne agent (e.g. benzoyl peroxide, clindamycin, erythromycin) OR contraindication to all topical acne vulgaris agents.
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 06/01/2022GF