

tretinoin microsphere gel (RETIN-A MICRO)

Diagnosis Considered for Coverage:

- Acne vulgaris

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect with 2 preferred topical retinoids, **and**
- Does not exceed FDA approved dosing.

Preferred topical retinoids

Adapalene 0.1 % CREAM
Adapalene 0.1 % LOTION
Adapalene 0.3 % GEL
Tretinoin 0.01 % GEL
Tretinoin 0.025 % CREAM
Tretinoin 0.025 % GEL
Tretinoin 0.05 % CREAM
Tretinoin 0.05 % GEL
Tretinoin 0.1 % CREAM

Coverage Duration: one year

Effective Date: 8/2/2023