

CRITERIA FOR PRIOR AUTHORIZATION

Retinoids

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drugs require prior authorization:

Tretinoin (Vesanoid®)
Bexarotene (Targretin®)
Alitretinoin (Panretin®)

CRITERIA for Tretinoin: (must meet all of the following)

- Patient must be 1 year of age or older.
- Patient must have a diagnosis of acute promyelocytic leukemia (APL).

CRITERIA for Bexarotene: (must meet all of the following)

- Patient must be 18 years of age or older.
- Patient must have cutaneous manifestations of cutaneous T-cell lymphoma (Stage IA and IB).

CRITERIA for Alitretinoin: (must meet all of the following)

- Patient must be 18 years of age or older.
- Patient must have cutaneous lesions with AIDS-related Kaposi's sarcoma.

Note: Retinoids will not be approved for cosmetic uses, such as to improve photoaged skin, wrinkling or liver spots.

Prior Authorization may be approved for up to one (1) year.