

Commercial/Healthcare Exchange PA Criteria

Effective: November 13, 2019

Prior Authorization: Aklief

Products Affected: Aklief (trifarotene) 0.005% topical cream

<u>Medication Description</u>: Aklief (trifarotene) is indicated for the topical treatment of acne vulgaris in patients nine years of

age and older.

Covered Uses: Acne Vulgaris

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis

2. Previous therapies tried/failed

Age Restrictions: 9 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

A. Patient has a diagnosis of acne vulgaris; **AND**

B. Patient has tried at least TWO other formulary alternatives (e.g., Benzoyl peroxide/clindamycin, Benzoyl peroxide, Clindamycin, Clindamycin Phosphate/Benzoyl peroxide, Sodium sulfacetamide, Erythromycin gel, Erythromycin-Benzoyl).

References:

- 1. Aklief [package insert]. Fort Worth, TX; Galderma Laboratories LP; October 2019.
- 2. Aklief. Lexi-Drugs [database online]. Hudson, OH: Lexicomp Inc; 2014. http://online.lexi.com. Accessed October 30, 2019.

Policy Revision history

Rev#	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/13/2019

Last Res. Date: 11.13.19

