

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish guidelines to evaluate the appropriateness for override of the criteria-based drug policy.

STATEMENT OF THE POLICY

Criteria for Part D coverage of tretinoin/azelaic acid products for FDA indications not otherwise excluded from Part D are as follows:

PROCEDURES

1. Pharmacy Department

1.1 Medication(s) will be covered if the following criteria are met:

- Health Alliance requires prior authorization for patients over 25 years of age. Retin-A®/Retin-A® Micro/Avita® and Azelex® are covered for conditions other than cosmetic/photo aging. These include
 - Actinic keratosis
 - Keratosis pilaris
 - Acne