

## PRIOR AUTHORIZATION POLICY

**POLICY:** Topical Retinoids – Akliel Prior Authorization Policy

- Akliel® (trifarotene cream – Galderma)

**REVIEW DATE:** 12/14/2022

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### OVERVIEW

Akliel, a topical retinoid, is indicated for the topical treatment of **acne vulgaris** in patients  $\geq 9$  years of age.<sup>1</sup>

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Akliel. All approvals are provided for the duration noted below.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Akliel is recommended in those who meet the following criteria:

#### FDA-Approved Indication

1. **Acne Vulgaris.** Approve for 1 year if the patient is  $\geq 9$  years of age.

### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Akliel is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### REFERENCES

1. Akliel® cream [prescribing information]. Fort Worth, TX: Galderma; October, 2019.
2. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol.* 2016;74:945-73.