

# Cigna National Preferred Formulary Coverage Policy



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Coverage Policy Number ..... NPF629

## Prior Authorization Topical Retinoids – Akliel® - (trifarotene cream)

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### Related Coverage Resources

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### NPF Coverage Policy

**Cigna covers trifarotene products (Akliel®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:**

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

#### FDA Indication(s)

1. **Acne Vulgaris.** Approve for 3 years.

#### Conditions Not Covered

1. Trifarotene (Akliel®) is considered experimental, investigational or unproven for ANY other use.

## Background

### Overview

Aklief, a topical retinoid, is indicated for the **topical treatment of acne vulgaris** in patients 9 years of age and older.

Aklief has not been added to the guidelines. Topical retinoids are effective for the treatment of acne, both as initial and maintenance therapy. Treatment algorithms and consensus statements do not differentiate between the topical retinoids, but rather refer to them as a therapeutic category.<sup>2-5</sup>

Topical retinoid products (e.g., tretinoin) have been used to treat numerous other medical skin conditions in addition to acne vulgaris.<sup>6</sup> Some indications have minimal published clinical data and thus appear experimental. Topical retinoid products have also been used to treat a variety of cosmetic skin conditions, such as wrinkles, stretch marks, liver spots, premature aging, and photo-aged or photo-damaged skin.

## References

1. Aklief® cream [prescribing information]. Fort Worth, TX: Galderma Laboratories; October, 2019.
2. Thiboutot D, Gollnick H, Bettoli, et al. New insights into the management of acne: an update from the Global Alliance to Improve Outcomes in Acne Group. *J Am Acad Dermatol*. 2009;60:S1-S50.
3. Strauss JS, Krowchuk DP, Leyden JJ, et al. Guidelines of care for acne vulgaris management. *J Am Acad Dermatol*. 2007;56:651-653.
4. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016;74:945-973.
5. Titus S, Hodge J. Diagnosis and treatment of acne. *Am Fam Physician*. 2012;86:734-740.

## Last Revision Details

Annual Revision	No criteria changes.	12/02/2020
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