

PRIOR AUTHORIZATION POLICY

POLICY: Topical Retinoids – Akliel Prior Authorization Policy

- Akliel® (trifarotene cream – Galderma)

REVIEW DATE: 12/20/2023

OVERVIEW

Akliel, a topical retinoid, is indicated for the topical treatment of **acne vulgaris** in patients ≥ 9 years of age.¹

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 ≥ 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; January 2022.
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.