



BlueCross BlueShield  
of Kansas City

An Independent Licensee of the  
Blue Cross and Blue Shield Association

## Topical Tretinoin

**Policy Number:** 5.01.509

**Origination:** 03/2002

**Last Review:** 03/2014

**Next Review:** 03/2015

### **Policy**

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BCBSKC will provide coverage for topical tretinoin when it is determined to be medically necessary because the following criteria are met.

### **When Policy Topic is covered**

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Topical tretinoin is covered for the treatment of acne vulgaris and cystic acne.

Topical tretinoin is also covered, in combination with topical 5-fluorouracil for treatment of pre-malignant actinic keratosis. This combination of medications has been shown to be effective in preventing the transformation of pre-malignant actinic keratosis to squamous cell carcinoma.

### **When Policy Topic is not covered**

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Use of topical tretinoin to treat photo-aged skin conditions such as wrinkling and liver spots is considered cosmetic.

### **Considerations**

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Topical tretinoin is sold under the brand names Atralin<sup>®</sup>, Avita<sup>®</sup>, Refissa<sup>®</sup>, Renova<sup>®</sup>, Retin-A<sup>®</sup>, Avita<sup>®</sup>, tretinoin, and Tretin-X<sup>®</sup>.

Renova<sup>®</sup> and Refissa<sup>®</sup> are indicated only for the treatment of wrinkles and sun-damaged skin. These products are excluded from the BCBSKC formulary since their use is solely cosmetic.

This Blue Cross and Blue Shield of Kansas City policy Statement was developed using available resources such as, but not limited to: Hayes Medical Technology Directory, Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers.

### **Description of Procedure or Service**

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Topical tretinoin is a vitamin A derivative approved for the treatment of specific skin conditions. It is applied once daily at bedtime.

### **Rationale**

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The American Academy of Dermatology Association recognizes topical tretinoin (a naturally occurring form of vitamin A) as an effective treatment for mild to moderate acne.[5]

Differentiation of efficacy and potential for skin irritation with these products is dependent on the tretinoin concentration and vehicle used.[1]

Of these preparations, creams generally have the least irritation, with liquid preparations having the most.[1]

Comparative studies show that the microsphere gel formulation has better tolerability and less skin irritation than the 0.1% cream and gel preparations.<sup>2</sup> However, comparative efficacy of tretinoin gel microsphere 0.1% and tretinoin cream 0.1% has not been established.

Topical tretinoin is also used for several forms of skin cancer and dermatologic conditions including lamellar ichthyosis, keratosis follicularis, mollusca contagiosa, verrucae plantaris, verrucae planae juvenilis, hyperpigmented lesions in blacks, ichthyosis vulgaris, bullous congenital ichthyosiform and pityriasis rubra pilaris.[3, 4]

Tretinoin 0.025% to 0.1% creams appear to provide a significant improvement in photoaged skin, especially wrinkles and liver spots.[3]

#### References:

1. Usatine RP et al. "Pearls in the management of acne. An advanced approach." Prim Care 2000;27(2):289-308.
2. Webster G: "Topical tretinoin in acne therapy." J Am Acad Dermatol 1998;39:S38- S44.
3. Facts and Comparisons, Updated Monthly, St. Louis, Wolters Kluwer Company, 2003.
4. USP-DI® Drug Information for Health Care Professionals, 25th ed. 2005.
5. <http://www.aadassociation.org/Guidelines/vulgaris.html>

#### **Billing Coding/Physician Documentation Information**

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N/A Topical tretinoin is considered a pharmacy benefit.

#### **Additional Policy Key Words**

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5.01.509

#### **Related Topics**

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N/A

#### **Policy Implementation/Update Information**

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03/2002	New policy titled Topical Tretinoin
03/2003	Reviewed – no changes made
03/2004	Reviewed – no changes made
03/2005	Reviewed – no changes made
03/2006	Reviewed – no changes made
03/2007	Reviewed – no changes made
03/2008	Revised – added Refissa®, Atralin®, Renova® and Tretin-X®.
03/2009	Reviewed – no changes made
03/2010	Reviewed – no changes made
03/2011	Reviewed – no changes made
03/2012	Reviewed – no changes made
03/2013	Reviewed – no changes made
03/2014	Reviewed – no changes made

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This Medical Policy is designed for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to

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