Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retin-A (tretinoin)</td>
<td></td>
</tr>
<tr>
<td>Renova (tretinoin/emollient)</td>
<td></td>
</tr>
<tr>
<td>Avita (tretinoin)</td>
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<tr>
<td>Atralin (tretinoin)</td>
<td></td>
</tr>
<tr>
<td>Tretin-X (tretinoin)</td>
<td><em><strong>May be subject to quantity supply limits</strong></em></td>
</tr>
</tbody>
</table>

**LOB EXCEPTION(S)**

Benefit exclusions vary by group. Validate cosmetic exclusions prior to processing.

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 year

**APPROVAL CRITERIA**

I. The patient has a confirmed medical diagnosis of one of the following:
   
   A. Acne Vulgaris
   B. Ichthyosis
   C. Keratosis follicularis (synonym is Darier’s disease)
   D. Epidermolysis Bullosa
   E. Verruca Plana
   F. Verruca Plantaris
   G. Acne Scars
   H. Hypertrophic Scars
   I. Cutaneous Lichen Planus
   J. Rosacea
   K. Folliculitis
   L. Actinic Keratosis (Pre-cancerous lesions)
   M. Perforating collagenosis
   N. Molluscum contagiosum (only 3 weeks of treatment)
   O. Pityriasis rubra pilaris
   P. Dysplastic Nevi/Nevus
   Q. Solar Lentigo
   R. Ichthyosiform Erythroderma
   S. Seborrheic Keratosis
   T. Acanthosis Nigricans
   U. Cancerous Lesions
   V. Keratosis Pilaris