

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2307-2
Program	Prior Authorization/Medical Necessity
Medication	Aklief [®] (trifarotene) cream
P&T Approval Date	6/2023, 6/2024
Effective Date	9/1/2024

1. Background:

Aklief (trifarotene) cream is a retinoid indicated for the topical treatment of acne vulgaris in patients 9 years of age and older.

2. Coverage Criteria^a:

<p>A. Initial Authorization</p> <p>1. Aklief will be approved based on both of the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of acne vulgaris</p> <p style="text-align: center;">-AND-</p> <p style="margin-left: 40px;">b. History of failure, contraindication, or intolerance to one of the following:</p> <p style="margin-left: 80px;">1) Over-the-counter Differin gel</p> <p style="margin-left: 80px;">2) Tretinoin cream (generic Retin-A)</p> <p style="text-align: center;">Authorization will be issued for 12 months</p> <p>B. Reauthorization</p> <p>1. Aklief will be approved based on the following criterion:</p> <p style="margin-left: 40px;">a. Documentation of positive clinical response to therapy</p> <p style="text-align: center;">Authorization will be issued for 12 months</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. **References:**

1. Akliel [package insert]. Dallas, TX: Galderma; October 2023.
2. Reynolds, RV, Yeung, H, Cheng, CE, et. al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol.* 2024; 90:1006.e1-e30.

Program	Prior Authorization/Medical Necessity - Akliel
Change Control	
Date	Change
6/2023	New program
6/2024	Annual review. Updated initial authorization to 12 months and updated references.