Topical Tretinoin

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

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

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

Rationale
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. 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 ichthysisiform 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:

Billing Coding/Physician Documentation Information
N/A Topical tretinoin is considered a pharmacy benefit.

Additional Policy Key Words
5.01.509

Related Topics
N/A

Policy Implementation/Update Information
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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