

Prescriber Criteria Form

Tretinoins Topical 2025 PA Fax 1467-A v1 010125.docx

Retinoids (All Topical)

Altreno, Atralin, Avita, Retin-A, Retin-A Micro (tretinoin), Twyneo (tretinoin/benzoyl peroxide), Veltin, Ziana  
(clindamycin/tretinoin)

Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Retinoids (All Topical).

Drug Name (select from list of drugs shown):

**Patient Name:**

**Patient ID:**

**Patient DOB:**

**Patient Phone:**

**Prescriber Name:**

**Prescriber Address:**

**City:**

**State:**

**Zip:**

**Prescriber Phone:**

**Prescriber Fax:**

**Diagnosis:**

**ICD Code(s):**

**Please circle the appropriate answer for each question.**

1	Does the patient have the diagnosis of acne vulgaris?	Yes	No
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Comments:

By signing this form, I attest that the information provided is accurate and true as of this date and that the documentation supporting this information is available for review if requested by the health plan.

**Prescriber (or Authorized) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_