

Prescriber Criteria Form

Tretinoin Topical 2026 PA Fax 1467-A v1 010126.docx

Retinoids (All Topical)

Altreno, Atralin, Avita, Retin-A, Retin-A Micro (tretinoin), Twynéo (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

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:** _____