

**tretinoin gel (ATRALIN)**

**Diagnosis Considered for Coverage:**

- Acne vulgaris

**Coverage Criteria:**

**For diagnosis above**

- Intolerable side effect or contraindication to generic tretinoin cream or gel not expected with Atralin, **and**
- Does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 8/2/2023