



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Altreno™ (tretinoin)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- If 26 years of age or older, member must have an appropriate diagnosis:
 - Skin cancer
 - Lamellar ichthyosis
 - Darier-White disease
 - Psoriasis
 - Severe recalcitrant (nodulocystic) acne
 - Rosacea (only covered as a last resort)
- Request for cosmetic purposes will not be covered (i.e., photoaging, hyperpigmentation, wrinkles)