



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Atralin™ (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)