

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Aczone (dapsonsone)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Aczone (dapsonsone) gel	May be subject to quantity limit

APPROVAL CRITERIA

If the benefit requires prior authorization, requests for Aczone (dapsonsone) may be approved for the following:

- I. Individual has a diagnosis of acne; **AND**
- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one other generic topical anti-infective agent.

Generic topical anti-infective agents: clindamycin phosphate (foam, gel, lotion, solution, swab/pads), erythromycin (solution, gel, pledgets/pads)

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
3. DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.