

## POLICY AND PROCEDURE

POLICY NUMBER: *RX.PA.428.E*

REVISION DATE: *N/A*

PAGE NUMBER: 1 of 3

**POLICY TITLE:** *Aczone (dapsons topical gel)*  
**DEPARTMENT:** *Clinical Pharmacy Services- Utilization Management*  
**ORIGINAL DATE:** *May 2016*

**Last P & T Committee Approval Date:** *February 2018*

**Product Applicability:** *mark all applicable products below:*

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO <input type="checkbox"/> PPO    Products: <input type="checkbox"/> Small    Exchange: <input type="checkbox"/> Shop <input checked="" type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
<b>OTHER</b>	<input checked="" type="checkbox"/> Self-funded/ASO

### PURPOSE

The purpose of this policy is to define the prior authorization process for Aczone (dapsons topical gel).

Aczone (dapsons) is indicated for the topical treatment of acne vulgaris.

### DEFINITIONS

N/A

### POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Aczone (dapsons), is subject to the prior authorization process.

## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed below:*

- Must have a diagnosis of acne vulgaris
- Must have an adequate trial of at least 4 weeks to the following topical treatments with an inadequate response or significant side effects or must have a contraindication to these therapies:
  - Benzoyl Peroxide
  - Topical clindamycin or erythromycin
  - Topical tretinoin or adapalene
- Must be using as combination therapy with at least one other topical agent for the treatment of acne

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Aczone [package insert]. Allergan, Inc.; Irvine, CA: July 2015.
2. Zaenglein, A., et al. Guidelines of Care for the Management of Acne Vulgaris. J AM Acad Dermatol 2016; 74:5; 945-973.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



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**REVIEW HISTORY**

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>2/17, 02/18</i>

