

CRITERIA FOR PRIOR AUTHORIZATION

Topical Acne Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Adapalene (Differin®)
Adapalene/Benzyl Peroxide (Epiduo®, Epiduo Forte®)
Azelaic Acid (Azelex®, Finacea®)
Dapsone (Aczone®)
Tretinoin (Retin-A®, Atralin®, Tretin-X®, Avita®)
Tretinoin Microspheres (Retin-A Micro®)
Tretinoin/Clindamycin (Veltin®, Ziana®)
Tazarotene (Tazorac®, Fabior®)

CRITERIA FOR ACNE VULGARIS: (must meet all of the following)

- Patient must have a diagnosis of acne vulgaris
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- For Epiduo and Epiduo Forte, patient must be 9 years of age or older
- For Atralin, patient must be 10 years of age or older
- For all other acne products, patient must be 12 years of age or older

CRITERIA FOR PLAQUE PSORIASIS (TAZORAC ONLY): (must meet all of the following)

- Patient must have a diagnosis of plaque psoriasis
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- For Tazorac 0.05% and 0.1% **cream**, patient must be 18 years of age or older
- For Tazorac 0.05% and 0.1% **gel**, patient must be 12 years of age or older

CRITERIA FOR ROSACEA (FINACEA ONLY): (must meet all of the following)

- Patient must have a diagnosis of inflammatory papules and pustules of mild to moderate rosacea
- Patient must be 18 years of age or older

LENGTH OF APPROVAL: 12 months