

Clinical Policy Title:	dapsone
Policy Number:	RxA.331
Drug(s) Applied:	Aczone® Gel
Original Policy Date:	03/06/2020
Last Review Date:	03/15/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

## Criteria

## I. Initial Approval Criteria

- A. Acne Vulgaris (must meet all):
  - 1. Diagnosis of acne vulgaris;
  - 2. Age  $\geq$  9 years for 7.5%;
  - 3. Age  $\geq$  12 years for 5%;
  - 4. Trial and failure of two preferred topical anti-acne agents (e.g., topical adapalene, tretinoin, benzoyl peroxide/erythromycin, clindamycin, benzoyl peroxide/clindamycin phosphate, erythromycin, sulfacetamide/sulfur) unless contraindicated or clinically significant adverse effects are experienced;

# Approval duration All Lines of Business (except Medicare): 12 months

## II. Continued Therapy

- B. Acne Vulgaris (must meet all):
  - 1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

### **Approval duration**

All Lines of Business (except Medicare): 12 months

### References

### Not Applicable

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established	01/2020	03/06/2020
Policy was reviewed.	06/2020	09/14/2020
Policy was reviewed.	05/28/2021	09/14/2021
<ul><li>Policy was reviewed:</li><li>1. Initial Approval Criteria, I.A.2 and I.A.3: Updated to include age criteria.</li></ul>	02/08/2022	04/18/2022

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Policy was reviewed.	01/23/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy reviewed Removed: 1. QL requirement 2. Updated continued therapy criteria	3/15/2024	10/19/2023