

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

Epiduo, Epiduo Forte (adapalene/benzoyl peroxide)

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

Medications	Quantity Limit
Epiduo (adapalene 0.1%/benzoyl peroxide 2.5%) topical gel Epiduo Forte (adapalene 0.3%/benzoyl peroxide 2.5%) topical gel	May be subject to quantity limit

APPROVAL CRITERIA

If the benefit requires prior authorization, requests for adapalene/benzoyl peroxide agents (Epiduo, Epiduo Forte) may be approved for the following:

- I. Individual has a diagnosis of acne; **AND**
- II. If designated, individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to the following:
 - A. One preferred topical retinoid agent: OTC Differin, tretinoin gel 0.01%, 0.025%; tretinoin cream 0.025%, 0.05%, 0.1% - all pump formulations are non-preferred; **AND**
 - B. One topical benzoyl peroxide agent.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. 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>. Accessed: April 7, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; 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.