

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## 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 and inadequate response to the following:
  - A. One preferred topical retinoid agent (preferred tretinoin agents: 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.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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.