



**GEORGIA MEDICAID FEE-FOR-SERVICE
ACNE AND ROSACEA AGENTS, TOPICAL MEDICATIONS PA SUMMARY**

Preferred	Non-Preferred
<i>Topical Miscellaneous and Combination Products</i>	
<p>Altreno (tretinoin lotion 0.05%)* Avita (tretinoin cream 0.025%, tretinoin gel 0.025%)* Azelex (azelaic acid cream 20%)* Clindamycin 1% gel, lotion, solution generic Clindamycin 1.2%/benzoyl peroxide 5% gel generic Clindamycin 1%/benzoyl peroxide 5% gel generic Epiduo gel (0.1% adapalene/2.5% benzoyl peroxide)* Erythromycin 2% gel, solution generic Erythromycin/benzoyl peroxide generic Metrogel Tube 1% (metronidazole) Tazorac (tazarotene) cream, gel[^] Tretinoin cream 0.025%, 0.05%, 0.1%* Tretinoin gel 0.01%, 0.025%, 0.05% generic* Ziana (clindamycin 1.2%/tretinoin 0.025% gel)*</p>	<p>Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%) Aczone (dapsone gel 5%, 7.5%) Adapalene generic Clindamycin 1% swab generic Clindamycin 1% foam generic Clindacin Kit/Pac (clindamycin swab 1% and cleanser) Differin (adapalene cream, gel, lotion)* Epiduo Forte (0.3% adapalene/2.5% benzoyl peroxide) Ery Pad (erythromycin) Erythromycin pad generic Evoclin 1% foam (clindamycin) Fabior (tazarotene 0.1% foam) Finacea (azelaic acid aerosol/foam and gel 15%) Metrogel Pump 1% (metronidazole) Metronidazole cream, gel (tube and pump), lotion Noritate (metronidazole cream 1%) Neuac Kit (clindamycin 1.2%/benzoyl peroxide 5% gel, moisturizer cream) Onexton (clindamycin 1.2%/benzoyl peroxide 3.75%) Retin-A Micro (tretinoin microsphere gel 0.04%, 0.06%, 0.08%, 0.1%) Retin-A Micro Pump (tretinoin microsphere gel 0.04%, 0.1%) Rosadan Kit (metronidazole 0.75% cream or gel, OTC cleanser) Soolantra (ivermectin) Tretinoin microsphere gel 0.04%, 0.1% generic Tretinoin microsphere gel pump 0.04%, 0.1% generic Veltin (clindamycin 1.2%/tretinoin 0.025% gel)</p>
<i>Topical Benzoyl Peroxide Products</i>	
N/A	BPO Cloths (benzoyl peroxide cloth 6%)
<i>Topical Sulfacetamide Products</i>	
<p>BP Emulsion (sulfacetamide sodium/sulfur emulsion 10-1%) BP Emulsion (sulfacetamide sodium/sulfur in urea emulsion 10-4%) Sulfacetamide sodium lotion, liquid/wash 10% generic Sulfacetamide sodium/sulfur cleanser 9.8%-4.8% Sulfacetamide sodium/sulfur pad 10-4% generic Sulfacetamide sodium/sulfur cream, emulsion 10-5% generic Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic</p>	<p>Sulfacetamide sodium/sulfur wash 9-4% generic Sumaxin Pad (sulfacetamide sodium/sulfur pad 10-4%) Sumaxin Wash (sulfacetamide sodium/sulfur wash 9-4%)</p>

*requires PA for members 21 years of age and older; [^]requires PA for members 30 years of age and older



LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- Altreno, Avita, Azelex, brand Differin, Epiduo, generic tretinoin cream and gel, and Ziana require PA for members 21 years or older. Tazorac requires PA for members 30 years or older.
- If generic adapalene is approved, the PA will be issued for brand Differin. If brand Evoclin is approved, the PA will be issued for generic clindamycin 1% foam. If generic metronidazole 1% gel pump is approved, the PA will be issued for brand Metrogel pump. If brand Sumaxin Wash is approved, the PA will be issued for generic sulfacetamide sodium/sulfur wash.

PA CRITERIA:

Topical Miscellaneous and Combination Products

Altreno, Avita, Azelex, Epiduo, Tretinoin Cream and Gel Generic, Ziana

- ❖ Approvable for members with a diagnosis of acne vulgaris. PA is not required for members less than 21 years of age.

Tazorac

- ❖ Approvable for members with a diagnosis of acne vulgaris or plaque psoriasis. PA is not required for members less than 30 years of age.

Acanya, Onexton

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be clindamycin 1.2%/benzoyl peroxide 5%.

Aczone

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne.

Adapalene Generic, Differin, Epiduo Forte

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to at least two preferred products, one of which must be Avita.

Clindamycin 1% Swab Generic, Clindamycin 1% Foam Generic, Clindacin Kit/Pac, Evoclin

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be clindamycin.

Ery Pads, Erythromycin Pad Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be erythromycin.



Fabior

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Tazorac, is not appropriate for the member.

Finacea and Soolantra

- ❖ Approvable for members with a diagnosis of acne rosacea who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to the preferred product, Metrogel.

Metrogel Pump, Metronidazole Cream/Gel/Lotion/Pump Generic, Noritate, Rosadan Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Metrogel 1% tube, is not appropriate for the member.

Neuac Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic clindamycin 1.2%/benzoyl peroxide 5%, is not appropriate for the member.

Retin-A Micro Gel, Retin-A Micro Pump, Tretinoin Microsphere Pump Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons generic tretinoin microsphere in tube (not pump) is not appropriate for the member.

Tretinoin Microsphere Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have tried and failed therapy with a preferred tretinoin product (Avita, tretinoin cream or gel generic) and Azelex.

Veltin

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Ziana, is not appropriate for the member.

Topical Benzoyl Peroxide Products

BPO Cloths

- ❖ Approvable for members with a diagnosis of mild acne vulgaris.
- ❖ Approvable for male members with a diagnosis of moderate to severe acne vulgaris when used in combination with a topical retinoid and an oral antibiotic.
- ❖ Approvable for female members with a diagnosis of moderate to severe acne vulgaris when used in combination with a topical retinoid and an oral antibiotic or oral hormone therapy.

Topical Sulfacetamide Products

Sulfacetamide Sodium/Sulfur Wash 9-4% Generic and Sumaxin Wash

- ❖ For members with a diagnosis of acne vulgaris, acne rosacea or seborrheic dermatitis, prescriber must submit a written letter of medical necessity stating the reasons the preferred sulfacetamide sodium and sulfacetamide sodium/sulfur products are not appropriate for the member.



Sumaxin Pad

- ❖ For members with a diagnosis of acne vulgaris, acne rosacea or seborrheic dermatitis, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic sulfacetamide sodium/sulfur pad 10-4%, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.