



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

Preferred	Non-Preferred
<i>Topical Miscellaneous and Combination Products</i>	
<p>Avita (tretinoin cream 0.025%, tretinoin gel 0.025%)* Clindamycin 1% gel, lotion, solution, swab generic Clindamycin 1.2%/benzoyl peroxide 5% gel generic Epiduo Forte (adapalene 0.3%/benzoyl peroxide 2.5%)* Erythromycin 2% gel, solution generic Finacea (azelaic acid aerosol foam and gel 15%) Metronidazole cream 0.75% generic Tretinoin cream 0.025%, 0.05%, 0.1%* Tretinoin gel 0.01%, 0.025% generic*</p>	<p>Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%) Aczone (dapsona gel 7.5%) Adapalene cream 0.1%, gel 0.3% generic Adapalene 0.1%/benzoyl peroxide 2.5% generic Aklief (trifarotene cream 0.005%) Altreno (tretinoin lotion 0.05%) Amzeeq (minocycline foam 4%) Arazlo (tazarotene lotion 0.045%) Clindacin Kit/Pac (clindamycin swab 1% and cleanser) Clindamycin 1% foam generic Clindamycin 1%/benzoyl peroxide 5% gel generic Dapsone gel 5% generic Differin (adapalene cream 0.1%, gel 0.3%, lotion 0.1%)* Epsolay (benzoyl peroxide cream 5%) Ery Pad (erythromycin pads 2%) Erythromycin 3%/benzoyl peroxide 5% gel generic Evoclin (clindamycin foam 1%) Fabior (tazarotene foam 0.1%) Metronidazole gel 1%, lotion 0.75% generic Noritate (metronidazole cream 1%) Neuac gel/kit (clindamycin 1.2%/benzoyl peroxide 5% gel, moisturizer) 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 and cleanser) Soolantra (ivermectin cream 1%) Tazarotene cream 0.1%, tazarotene gel 0.05%, 0.1% generic Tretinoin gel 0.05% generic (generic Atralin) Tretinoin microsphere gel, gel pump 0.04%, 0.1% generic Twynéo (tretinoin 0.1%/benzoyl peroxide 3%) Winlevi (clascoterone cream 1%) Ziana (clindamycin 1.2%/tretinoin 0.025% gel) Zilxi (minocycline foam 1.5%)</p>
<i>Topical Sulfacetamide Products</i>	
<p>BP 10-4% Emulsion (sulfacetamide sodium/sulfur in urea emulsion 10-4%) Sulfacetamide sodium/sulfur liquid cleanser 9.8%-4.8% generic</p>	<p>BP 10-1% Emulsion (sulfacetamide sodium/sulfur emulsion 10-1%) Sulfacetamide sodium lotion, liquid wash 10% generic Sulfacetamide sodium/sulfur aerosol foam, cream, liquid cleanser 10-5% generic Sulfacetamide sodium/sulfur pad 10-4% generic Sulfacetamide sodium/sulfur liquid wash 9-4% generic</p>



	Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic Sumaxin Pad (sulfacetamide sodium/sulfur pad 10-4%)
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*requires PA for members 21 years of age and older

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Avita, brand Differin, Epiduo, generic tretinoin cream and generic tretinoin 0.01%, 0.025% gel require PA for members 21 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.

PA CRITERIA:

Topical Miscellaneous and Combination Products

Avita, Epiduo Forte, Tretinoin Cream Generic, Tretinoin 0.01%, 0.025% Gel Generic

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

Acanya, Clindamycin 1%/Benzoyl Peroxide 5% Gel Generic, 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, Dapsone Gel 5% Generic

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

Adapalene Cream/Gel Generic, Differin

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with at least two preferred products, one of which must be a preferred tretinoin (Avita, tretinoin cream generic and tretinoin gel 0.01%, 0.025% generic).

Adapalene 0.1%/Benzoyl Peroxide 2.5% Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with at least two preferred products, one of which must be Epiduo Forte.

Aklief

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with a preferred tretinoin product (Avita, tretinoin cream generic and tretinoin gel 0.01%, 0.025% generic) and a non-preferred adapalene product (adapalene generic, Differin).

Altreno, Tretinoin Gel 0.05% Generic (Generic Atralin) and Tretinoin Microsphere Gel Generic



- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred tretinoin products (Avita, tretinoin cream generic and tretinoin gel 0.01%, 0.025% generic).

Amzeeq, 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.

Arazlo, Fabior

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with at least two preferred products, one of which must be a preferred tretinoin (Avita, tretinoin cream generic and tretinoin gel 0.01%, 0.025% generic).

Epsolay, Soolantra, Zilxi

- ❖ Approvable for members with a diagnosis of acne rosacea who have experienced failure, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred products, Finacea and generic metronidazole cream.

Ery Pad, Erythromycin/Benzoyl Peroxide 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.

Metronidazole Gel and Lotion Generic, Noritate, Rosadan Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic metronidazole cream and Finacea, are not appropriate for the member.

Neuac Gel/Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic clindamycin 1.2%/benzoyl peroxide 5% as well as at least one other preferred product, are 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) as well as two preferred tretinoin products (Avita, tretinoin cream generic, tretinoin gel 0.01%, 0.025% generic) are not appropriate for the member.

Tazarotene Cream Generic, Tazarotene Gel Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with at least two preferred products, one of which must be a preferred tretinoin (Avita, tretinoin cream generic and tretinoin gel 0.01%, 0.025% generic).
- ❖ Approvable for members with a diagnosis of plaque psoriasis with 20% or less body surface area (BSA) affected who have experienced failure, allergies, contraindications, drug-drug interactions or intolerable side effects to topical corticosteroids (e.g., betamethasone, clobetasol, desonide) and topical vitamin D analogs (e.g., calcipotriene, calcitriol).

Twynéo



- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with the preferred products, tretinoin 0.1% cream and Epiduo Forte.

Winlevi

- ❖ Approvable for members 12 years of age and older with a diagnosis of acne vulgaris who have experienced failure, allergies, contraindications, drug-drug interactions or intolerable side effects to two of the following preferred products, each from different medication classes
 - a. Topical antibiotics: clindamycin 1% (gel, lotion, solution, swab), erythromycin 2% (gel, solution), clindamycin 1.2%/benzoyl peroxide 5% gel;
 - b. Topical retinoids: Avita, Epiduo Forte, tretinoin cream, tretinoin gel 0.01%, 0.025%.

Ziana

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with the preferred products used together, clindamycin 1% gel and tretinoin 0.025% gel or Avita 0.025% gel.

Topical Sulfacetamide Products

Non-Preferred Sulfacetamide Sodium and Sulfacetamide Sodium/Sulfur Products

- ❖ 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 products, BP Emulsion 10-4% and sulfacetamide sodium/sulfur liquid cleanser 9.8%-4.8% generic, are 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.