

Reference number(s) 4651-HJ

# Quantity Limit; Post Limit Prior Authorization Combination Acne Topical Products

## **Products Referenced by this Document**

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Acanya	clindamycin phosphate/benzoyl peroxide	gel
Benzamycin	erythromycin/benzoyl peroxide	gel
Cabtreo	clindamycin phosphate/adapalene/benzoyl peroxide	gel
clindamycin phosphate/benzoyl peroxide 1% / 5% (all brands)	clindamycin phosphate/benzoyl peroxide 1% / 5%	gel
Duac (generic only)	clindamycin phosphate/benzoyl peroxide, Neuac	gel
Onexton	clindamycin phosphate/benzoyl peroxide	gel

## **Indications**

## FDA-approved Indications

#### Acanya

Acanya Gel is indicated for the topical treatment of acne vulgaris in patients 12 years or older.

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#### Benzamycin

Benzamycin Topical Gel is indicated for the topical treatment of acne vulgaris.

#### Cabtreo

Cabtreo is indicated for the topical treatment of acne vulgaris in adult and pediatric patients 12 years of age and older.

#### Clindamycin Phosphate-Benzoyl Peroxide Gel 1% / 5%

Clindamycin and benzoyl peroxide topical gel, 1% / 5% is indicated for the topical treatment of acne vulgaris.

#### Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2% / 5%, Neuac

Clindamycin Phosphate and Benzoyl Peroxide Gel, 1.2% / 5% is indicated for the topical treatment of inflammatory acne vulgaris in patients 12 years and older.

#### **Limitations of Use**

Neuac (clindamycin phosphate and benzoyl peroxide) Gel, 1.2%/5% has not been demonstrated to have any additional benefit when compared with benzoyl peroxide alone in the same vehicle when used for the treatment of non-inflammatory acne.

#### Onexton

Onexton (clindamycin phosphate and benzoyl peroxide) Gel, 1.2% / 3.75% is indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

# **Initial Quantity Limit**

## **Initial Limit Quantity**

Limits should accumulate across same chemical entity up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

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Drug	1 Month Limit	3 Month Limit
Acanya (clindamycin phosphate/benzoyl peroxide gel)	50 grams / 25 days	150 grams / 75 days
Benzamycin (erythromycin/benzoyl peroxide gel)	47 grams / 25 days	141 grams / 75 days
Cabtreo (clindamycin phosphate/adapalene/benzoyl peroxide gel)	50 grams / 25 days	150 grams / 75 days
clindamycin phosphate/benzoyl peroxide gel, 1%-5%	50 grams / 25 days	150 grams / 75 days
clindamycin phosphate/benzoyl peroxide gel, 1.2%-5%, Neuac	45 grams / 25 days	135 grams / 75 days
Onexton (clindamycin phosphate/benzoyl peroxide gel)	50 grams / 25 days	150 grams / 75 days

# **Coverage Criteria**

## Acne Vulgaris

Authorization may be granted when the requested drug is being prescribed for the topical treatment of acne vulgairs.

# **Continuation of Therapy**

## Acne Vulgaris

Authorization may be granted when the requested drug is being prescribed for the topical treatment of acne vulgairs when the following criteria is met:

 The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., reduction in number of lesions, patient satisfaction, etc.)

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# **Quantity Limits Apply**

## Post Limit Quantity

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Medication	1 Month Limit	3 Month Limit
Acanya (clindamycin phosphate/benzoyl peroxide gel)	100 grams / 25 days	300 grams / 75 days
Benzamycin (erythromycin/benzoyl peroxide gel)	94 grams / 25 days	282 grams / 75 days
Cabtreo (clindamycin phosphate/adapalene/benzoyl peroxide gel)	100 grams / 25 days	300 grams / 75 days
clindamycin phosphate/benzoyl peroxide gel, 1%-5%	100 grams / 25 days	300 grams / 75 days
clindamycin phosphate/benzoyl peroxide gel, 1.2%-5%, Neuac	90 grams / 25 days	270 grams / 75 days
Onexton (clindamycin phosphate/benzoyl peroxide gel)	100 grams / 25 days	300 grams / 75 days

# **Duration of Approval (DOA)**

• 4651-HJ: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months

### References

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- 2. Benzamycin [package insert]. Bridgewater, NJ: Bausch Health US, LLC; November 2020.
- Cabtreo [package insert]. Bridgewater, NJ: Bausch Health US, LLC; October 2023.

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- 5. Neuac [package insert]. Fairfield, NJ: Medimetriks Pharmaceuticals, Inc.; January 2023.
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