

Initial Prior Authorization

Epiduo, Epiduo Forte

Retinoid/Benzoyl Peroxide Combinations (Topical)

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
Epiduo	adapalene/benzoyl peroxide
Epiduo Forte	adapalene/benzoyl peroxide

Indications

FDA-Approved Indications

Epiduo

Epiduo gel is indicated for the topical treatment of acne vulgaris in patients 9 years of age and older.

Epiduo Forte

Epiduo Forte is indicated for the topical treatment of acne vulgaris in adults and pediatric patients 12 years of age and older.

Reference number(s)
3655-A

Coverage Criteria

Acne Vulgaris

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

Continuation of Therapy

Acne Vulgaris

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

Duration of Approval (DOA)

- 3655-A: Initial therapy DOA: 4 months; Continuation of therapy DOA: 12 months

References

1. Epiduo [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
2. Epiduo Forte [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; April 2022.
3. Lexicomp Online, Lexi-Drugs Online, Hudson, OH: UpToDate, Inc.; 2024; Accessed July 17, 2024.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 07/17/2024).
5. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2024; 90(5):1006.e1-1006.e30.