

**ACZONE
(dapsons)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 9 years of age and older

Diagnoses

Patient must have the following:

1. Acne vulgaris
 - a. Comedones
 - b. Cysts (eruptive vellus hair cyst, cystic acnes)
 - c. Papules
 - d. Pustules

AND the following:

1. Inadequate treatment response, intolerance, or contraindication to at least **ONE** topical generic acne product (e.g., benzoyl peroxide, clindamycin topical, erythromycin topical, or sodium sulfacetamide)

Prior - Approval Limits

Quantity

Drug	Quantity per 90 days
Aczone (dapsons) 5% gel	180 grams
Aczone (dapsons) 7.5% gel	

Duration 6 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above