

**WINLEVI
(clascoterone)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 12 years of age

Diagnosis

Patient must have the following:

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

AND the following:

1. Patient has had an inadequate response, intolerance, or contraindication to **TWO** topical generic acne products including at least one of each of the following:
 - a. Topical antibiotic
 - b. Topical retinoid

Prior - Approval Limits

Quantity

Drug	Quantity
Winlevi 1% cream	360 units per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 12 years of age

Diagnosis

Patient must have the following:



**BlueCross
BlueShield**

Federal Employee Program.

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1. Acne vulgaris

- a. Comedones
- b. Cysts (eruptive vellus hair cyst, cystic acne)
- c. Papules
- d. Pustules

Prior - Approval *Renewal* Limits

Same as above