

# Dapsone

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Dapsone 5% gel	May be subject to quantity limit

## **APPROVAL CRITERIA**

If the benefit requires prior authorization, requests for dapsone gel may be approved for the following:

- I. Individual has a diagnosis of acne; **AND**
- II. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one other generic topical anti-infective agent.

Generic topical anti-infective agents: clindamycin phosphate (foam, gel, lotion, solution, swab/pads), erythromycin (solution, gel, pledgets/pads)

## **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
3. DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.