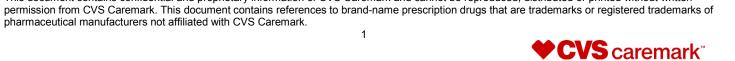
DDIOD ALITHODIZATION CDITEDIA

	PRIOR AUTHORIZATION CRITERIA	
DRUG CLASS	ACNE MEDICATIONS	
BRAND NAME		
	ACANYA	
	ACZONE	
	AVAR	
	AKNE-MYCIN	
	AZELEX	
	BENZAC	
	BENZACLIN	
	BENZIQ	
	CLEOCIN-T	
	CLINDAGEL	
	DUAC	
	EPIDUO	
	EPIDUO FORTE	
	ERYGEL	
	EVOCLIN	
	INOVA EASY PAD	
	KLARON	
	ONEXTON	
	PLEXION	
	RIAX	
	ROSAC	

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	ROSANIL				
	ROSULA				
	SUMADAN				
	SUMAXIN				
	ZACLIR				
Status: Client Requested Criteria Type: Post Step Therapy Prior Authorization Ref # C8908-D					
benzoy sulface prescrip the pati authoriz to the F	RIA FOR APPROVAL Has the patient had a trial and failure of a	amycin/benzoyl peroxide, erythromycin/bin, or adapalene-containing products wit k, then the requested drug will be paid uniteria, then the claim will reject with a me on criteria would then be applied to requirely many TWO of the following generic topical	henzoyl peroxide, sodium hin the past 130 days under a hider that prescription benefit. If essage indicating that a prior ests submitted for evaluation Yes No		
products: A) benzoyl peroxide, B) clindamycin, C) erythromycin, D) clindamycin/benzoyl peroxide, E) erythromycin/benzoyl peroxide, F) sodium sulfacetamide, G) sodium sulfacetamide/sulfur, H) tretinoin product or I) adapalene-containing products?					
		Anning Instructions			
	Yes	Mapping Instructions	No		
1.	Approve, 12 months	Deny	·		
	SHP Prior Authorization Approval Policy. y: UM Development (NB)				

Client Name

(ME) 09/2017 Revised:

Medical Affairs: (LS) 05/2016, (JG) 09/2017 Reviewed:

The Participating Group signed below hereby accepts and adopts as its own the criteria for use with Prior Authorization, as administered by CVS Caremark. Signature Date

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