



## Prior Authorization Approval Criteria

### *Aczone (dapson) Gel 5%*

<b>Generic name:</b>	Dapsone
<b>Brand name:</b>	Aczone Gel 5%
<b>Medication class:</b>	Anti-infective
<b>FDA-approved uses:</b>	Topical treatment of acne vulgaris
<b>Available dosage forms:</b>	Topical gel
<b>Usual dose:</b>	Apply a pea sized amount in a thin layer to affected areas twice daily
<b>Approximate cost:</b> (based on AWP 2009)	\$148.00/tube
<b>Duration of therapy:</b>	Indefinite

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- Patient must be 12 years of age or older.
- Patient must be clinically diagnosed with acne vulgaris.
- Must be prescribed by a dermatologist.
- Must have tried and failed at least two other topical antimicrobial agents alone or in combination with benzoyl peroxide.
- Must have tried and failed a topical retinoid

**Contraindication:**

- Patients with a hypersensitivity to dapsone or any other component of the formulation.

**Not approved if:**

- Does not meet the above-stated criteria.
- Have any contraindications to the use of dapsone.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 03/11/2009