



## Prior Authorization Approval Criteria

### *Duac Topical Gel (clindamycin/benzoyl peroxide)*

**Generic name:** clindamycin/benzoyl peroxide

**Brand name:** Duac Topical Gel

**Medication class:** Topical anti-acne

**FDA-approved uses:** Topical treatment of acne vulgaris

**Usual dose range:** Applied twice daily, morning and evening

**Duration of therapy:** Indefinite

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

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
  - Clinically diagnosed acne vulgaris
  - Failed topical clindamycin.
  - Failed topical benzoyl peroxide alone
  - Failed/intolerant to benzamycin
  - Intolerance to using clindamycin and benzoyl peroxide simultaneously
- OR**
- Inability to use two separate medications

**Contraindications:**

- History of regional enteritis, ulcerative colitis, or antibiotic-associated colitis (contraindicated by the manufacturer)

**Not approved if:**

- Patient has any contraindications to the use of Duac.
- Patient has not tried clindamycin and benzoyl peroxide as separate products.
- Patient was non-compliant using clindamycin and benzoyl peroxide as separate products simultaneously.
- Being used for convenience.

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

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

Adopted: 11/16/04  
Revised: 12/13/06