

Commercial/Healthcare Exchange PA Criteria

Effective: October 1, 2020

Prior Authorization: Dapsone topical gel

Products Affected: Aczone (dapson) topical gel, dapson topical gel

Medication Description: Similar to sulfonamides, dapson inhibits dihydropteroate synthase in susceptible organisms. Other proposed mechanisms for dapson include inhibition of the neutrophilic-cytotoxic system and interference with the alternate pathway of the complement system. Although the mechanism of dapson in dermatologic disorders is unknown, it has been suggested that it may act as an immunomodulator.

Covered Uses: Treatment of acne vulgaris.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 12 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a diagnosis of acne vulgaris; **AND**
- B. Patient has had a trial and failure, contraindication, or intolerance to at least TWO preferred topical acne medications including clindamycin, benzoyl peroxide, clindamycin-benzoyl peroxide, erythromycin-benzoyl peroxide, adapalene, tretinoin, sulfacetamide-sulfur.

References:

1. Aczone 7.5% (dapson) gel [prescribing information]. Irvine, CA: Allergan; September 2020.
2. Aczone 5% (dapson) gel [prescribing information]. Irvine, CA: Allergan; September 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/1/2020