

## Pharmacy Services

(800) 522-0114, option 4

November 11, 2017

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of Aczone® (Dapsone Gel 7.5) and Tazorac® (Tazarotene Cream and Gel). You are receiving this fax because you recently prescribed or dispensed Aczone® or Tazorac® for SoonerCare member(s). **Effective December 4, 2017, Aczone® (Dapsone Gel 7.5) and Tazorac® (Tazarotene Cream and Gel) will require prior authorization.** The authorization criteria for reimbursement is as follows:

### **Aczone® (Dapsone Gel 7.5) Approval Criteria:**

1. An FDA approved indication of acne vulgaris; and
2. Member must be 20 years of age or younger; and
3. A previous trial of benzoyl peroxide or a patient-specific, clinically significant reason why benzoyl peroxide is not appropriate for the member; and
4. A previous trial of a topical antibiotic, such as clindamycin or erythromycin, or a patient-specific, clinically significant reason why a topical antibiotic is not appropriate for the member.

### **Tazorac® (Tazarotene Cream and Gel) Approval Criteria:**

1. An FDA approved indication of acne vulgaris or plaque psoriasis; and
2. Female members must not be pregnant and must be willing to use an effective method of contraception during treatment; and
3. Authorization of generic tazarotene (in place of brand Tazorac®) will require a patient-specific, clinically significant reason why the member cannot use the brand formulation (brand formulation is preferred); and
4. For a diagnosis of acne vulgaris, the following must be met:
  - a. Member must be 20 years of age or younger; and
5. A quantity limit of 60 grams per 30 days will apply.

This is not a “grandfathered” category; members currently using Aczone® or Tazorac® will require submission of a prior authorization request after 12/4/2017. If a member requires Aczone® or Tazorac®, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services.

Updated versions of prior authorization criteria for Aczone® or Tazorac® can be downloaded from [www.okhca.org/rx-pa](http://www.okhca.org/rx-pa), then clicking “Topical”. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-4).

Thank you for the services you provide to Oklahomans insured by SoonerCare!