# blue 🗑 of california

# dapsone gel (ACZONE)

## Diagnosis Considered for Coverage:

Acne vulgaris

### Coverage Criteria:

#### For diagnosis of acne vulgaris:

- Inadequate response or intolerable side effect to <u>one</u> topical retinoid (e.g. tretinoin, adapalene) AND <u>one</u> other topical acne agent (e.g. benzoyl peroxide, clindamycin, erythromycin) OR contraindication to all topical acne vulgaris agents.
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 8/2/2023