

BENZOYL PEROXIDE PRODUCTS PA SUMMARY

PREFERRED	Benzoyl peroxide cleanser (3, 6, or 9%) Benzoyl peroxide wash (2.5%, 5%, 5.75%, or 10%) Benzoyl peroxide creamy wash (4% or 8%) Benzoyl peroxide 4% acne wash kit (contains 4% topical emulsion [Brevoxyl], cleanser) Benzoyl peroxide 8% acne wash kit (contains 8% topical emulsion [Brevoxyl], cleanser)
NON-PREFERRED	BenzEfoam (benzoyl peroxide 5.3% foam) Benzoyl peroxide cream (3.5%, 5.5%, or 8.5%) Benzoyl peroxide pads Brevoxyl 4% Complete Kit (benzoyl peroxide 4% topical emulsion, benzoyl peroxide 5% topical bar, cleanser) Brevoxyl 8% Complete Kit (benzoyl peroxide 8% topical emulsion, benzoyl peroxide 5% topical bar, cleanser) Inova Kit (benzoyl peroxide 4% pads plus Vitamin E 5%) Neobenz Micro Kit Plus Pak (benzoyl peroxide 5.5% cream plus benzoyl peroxide 7% wash) Neobenz Micro 7% topical wash (benzoyl peroxide 7% wash, PR benzoyl peroxide 7% wash, SE BPO 7% wash) Oscion cleanser, pads (benzoyl peroxide) Pacnex topical wash (benzoyl peroxide 7%) Pacnex MX (benzoyl peroxide 4.25% liquid cleanser) SE BPO cloths (benzoyl peroxide 3%, 6%) Triaz cleanser, pads (benzoyl peroxide) Zaclir cleanser (benzoyl peroxide)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For benzoyl peroxide pads, Inova Kit, SE BPO cloths, Triaz cleanser/cloths/pads, Oscion cleanser/pads, or Zaclir cleanser

- ❖ Submit a written letter of medical necessity stating the reasons the preferred product (generic benzoyl peroxide cleanser) is not appropriate for the member.

For Brevoxyl Complete Kit

- ❖ Submit a written letter of medical necessity stating the reasons the preferred product (generic benzoyl peroxide [Brevoxyl] acne wash kit) is not appropriate for the member.

For Benzoyl Peroxide Cream, BenzEfoam, Neobenz, Pacnex, or Pacnex MX

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (generic benzoyl peroxide washes) are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.