

Empire BlueCross BlueShield HealthPlus (Empire) Hot Tip: Acne

Your Empire patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization and step therapy may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Empire provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Acne	<ul style="list-style-type: none"> • Acticlate caps (doxycycline hyclate) • Doxycycline 40 mg caps (generic Oracea) • Doxycycline hyclate caps (generic Morgidox) • Doxycycline hyclate tabs (generic Acticlate, Doryx, Targadox) • Doxycycline monohydrate tabs • Doryx tabs (doxycycline hyclate) • Minocin capsules (minocycline) • Minocycline ER tabs (generic Solodyn) • Mondoxyne caps (doxycycline monohydrate) • Monodox caps (doxycycline monohydrate) • Morgidox caps (doxycyclate hyclate) • Oracea caps² (doxycycline monohydrate DR) • Solodyn tabs (minocycline) • Targadox tabs (doxycycline hyclate) • Vibramycin oral suspension (doxycycline monohydrate) 	<ul style="list-style-type: none"> • Doxycycline monohydrate caps¹ (generic Monodox) • Doxycycline monohydrate oral suspension (generic Vibramycin) • Minocycline tabs, caps (generic Minocin, Solodyn) • Tetracycline caps
	<ul style="list-style-type: none"> • Absorica (isotretinoin) • Absorica LD (isotretinoin micronized) 	<ul style="list-style-type: none"> • Amnesteem (isotretinoin) • Claravis (isotretinoin) • Isotretinoin (generic Amnesteem, Claravis, Myorisian, Zenatene) • Myorisian (isotretinoin) • Zenatene (isotretinoin)

Therapeutic class	Nonpreferred products	Preferred products
	<ul style="list-style-type: none"> • Adapalene solutions, creams, gels (generic Differin) • Differin, Rx (adapalene) • Fabior foam (tazarotene) • Retin-A (tretinoin) • Retin-A Micro (tretinoin microsphere) • Tretinoin 0.04% microsphere gel (generic Retin-A Micro) • Tretin-X (tretinoin) • Tretinoin gel pumps (generic Retin-A) 	<ul style="list-style-type: none"> • OTC Differin 0.1% gel (adapalene) • Tretinoin 0.01% microsphere gel (generic Retin-A Micro) • Tretinoin creams, gels³ (generic Retin-A)
	<ul style="list-style-type: none"> • Acanya gel (clindamycin/benzoyl peroxide) • Adapalene/benzoyl peroxide gel (generic Epiduo) • Aktipak gel (benzoyl peroxide/erythromycin) • Benzaclin gel (clindamycin/benzoyl peroxide) • Benzamycin gel (benzoyl peroxide/erythromycin) • Clindamycin/benzoyl peroxide 1-5% gel (generic Benzaclin) • Clindamycin/benzoyl peroxide 1.2-2.5% gel (generic Acanya) • Duac gel (clindamycin/benzoyl peroxide) • Epiduo gel (adapalene/benzoyl peroxide) • Epiduo Forte gel (adapalene/benzoyl peroxide) • Erythromycin/benzoyl peroxide gel (generic Benzamycin) • Nuac gel (clindamycin/benzoyl peroxide) • Clindamycin/tretinoin gel (generic Veltin, Ziana) • Onexton gel (clindamycin/benzoyl peroxide) • Veltin gel (clindamycin/tretinoin) • Ziana gel (clindamycin/tretinoin) 	<ul style="list-style-type: none"> • Clindamycin/Benzoyl Peroxide 1.2-5% gel (generic Duac)

Therapeutic class	Nonpreferred products	Preferred products
	<ul style="list-style-type: none"> • Aczone gel (dapsons) • Clindagel (clindamycin) • Cleocin-T gels, solutions (clindamycin) • Clindamycin foams (generic Evoclin) • Dapsone gel (generic Aczone) • Evoclin foam (clindamycin) 	<ul style="list-style-type: none"> • Clindacin ETZ pledgets • Clindacin-P pads • Clindamycin topical gels, pads, solutions (generic Cleocin-T) • Ery (erythromycin pads) • Erythromycin solution, pads
<p>1 Tablets are not covered.</p> <p>2 Prior authorization is required for Oracea. Requests may be approved in individuals with a diagnosis of inflammatory rosacea.</p> <p>3 Tretinoin cream is preferred in all strengths. Tretinoin gel is preferred in 0.01% and 0.025% strengths. Tretinoin gel 0.05% strength is non-preferred.</p>		

If you have questions regarding this *Hot Tip*, call Provider Services at **1-800-450-8753**.

PDL: <https://mediproviders.empireblue.com/ny/pages/formularies.aspx>