Missouri Pharmacy Program – Preferred Drug List

Benzoyl Peroxide – Antibiotic Combinations

Effective 07/11/2013
Revised 07/11/2019

Preferred Agents

• Clindamycin/Benzoyl Peroxide 1.2%/5% (gen Duac®)

Non-Preferred Agents

• Acanya Gel®
• BenzaClin®
• BenzaClin® w/Pump
• Clindamycin/Benzoyl Peroxide 1.2%/2.5% (gen Acanya Gel® Pump)
• Clindamycin/Benzoyl Peroxide 1%/5% (gen BenzaClin®)
• Clindamycin/Benzoyl Peroxide Pump 1%/5% (gen BenzaClin® w/Pump)
• Duac®
• Erythromycin/Benzoyl Peroxide (gen Benzamycin®)
• Neuac® Gel/Kit
• Onexton® Gel

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

Denial Criteria

• Lack of adequate trial on required preferred agents
• Therapy will be denied if no approval criteria are met
• Drug Prior Authorization Hotline: (800) 392-8030