

Hot Tip: Acne

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC, HARP, and CHPlus programs only.

Your Highmark BCBS patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Highmark BCBS provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Acne	<p>Monodox <i>Generic name: Doxycycline Monohydrate</i>¹</p> <p>Doryx <i>Generic name: Doxycycline Hyclate</i>¹</p> <p>Oracea 40mg <i>Generic name: Doxycycline Monohydrate 40mg</i>¹</p>	<p>Doxycycline Monohydrate² Caps 50mg, 75mg, 100mg, 150mg</p> <p>Doxycycline Monohydrate Oral Suspension</p>
Acne	Tretinoin Pumps	<p>Over-the-counter (OTC) Differin 1% Gel</p> <p>Tretinoin Gel Tubes, all strengths except 0.05%</p> <p>Tretinoin Cream Tubes, all strengths</p> <p>Tretinoin Microsphere Gel Tubes, all strengths except 0.04%</p>
Acne	<p>Benzaclin Gel and Pump, Neuac Gel, Duac Gel <i>Generic name: Clindamycin/Benzoyl Peroxide 1-5%</i>³</p> <p>Acanya Gel Pump <i>Generic name:</i></p>	<p>Clindamycin/Benzoyl Peroxide 1.2-5% <i>Brand name: Neuac Gel</i></p>

	Clindamycin/Benzoyl Peroxide 1.2-2.5% ³	
	Onexton Gel Pump	
Acne	Clindagel Clindamycin Foam, Lotions Clindamycin/Tretinoin Gels	Clindamycin Topical Gels, Solution, and Swab Erythromycin Solution, Pads
¹ Prior authorization is required and requests may be approved in individuals with a diagnosis of inflammatory rosacea. ² Tablets are not covered. ³ Neither brand nor generic formulations are covered.		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at mybcbswny.com/stateplans > Provider > Eligibility & Pharmacy > Pharmacy Information.