

## Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Epiduo™ (adapalene/benzoyl peroxide)

## **Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- If 26 years of age or older, member must have an acne diagnosis
- Request for cosmetic purposes will not be covered (i.e., photoaging, hyperpigmentation, wrinkles)