

# Drug Policy

<b>Policy:</b>  <b>CC</b>	<b>Topical Acne – Cleansers</b>  <b>Preferred Step Therapy Policy</b>	<b>Annual Review Date: 03/21/2024</b>  <b>Last Revised Date: 03/21/2024</b>
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## OVERVIEW

Acne is a chronic inflammatory condition that affects approximately 40 to 50 million individuals; more than 85% of teenagers are affected with acne. Acne affects more than 85% of teenagers, but more frequently continues into adulthood. Topical medications are active only when applied and their main action is in the prevention of new lesions. Thus these agents should be used daily on areas of the skin prone to acne and maintenance therapy is needed to prevent recurrence. Most of the topical preparations are available in a variety of strengths and delivery systems. Gels, pledgets, washes and solutions are the most drying systems and are particularly suited for oily skin. Creams, lotions and ointments are preferable for patients with dry easily irritated skin. Topical antimicrobials are effective agents in the treatment of inflammatory acne, and benzoyl peroxide is an excellent first line medication. Sodium sulfacetamide and sulfur preparations are also generally well tolerated but less effective than the aforementioned agents and are best used as adjunctive therapy or when other medications are not tolerated.

## POLICY STATEMENT

A step therapy program has been developed to encourage the use of a generic preferred product prior to the use of a non-preferred product. If the step therapy rule is not met for a non-preferred agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 12 months in duration. (Note: For the purpose of this policy, a topical cleanser is defined as a cleanser, solution, liquid, wash, foaming cloth, cleansing cloth or soap).

**Automation:** Patients with a history of one preferred product drug within the 130-day look-back period are excluded from step therapy.

**Preferred:** Generic prescription topical acne cleansers containing benzoyl peroxide or sulfacetamide/sulfur.

**Non-Preferred:** Brand name topical acne cleansers containing benzoyl peroxide (e.g., Benzac, Enzoclear, Desquam X, Pacnex HP) or sulfacetamide/sulfur (e.g., Sumaxin, Avar).

## CRITERIA

1. If the patient has tried a preferred product, approve a non-preferred product

### Initial Approval/ Extended Approval.

- A) *Initial Approval:* 1 year (365 days)
- B) *Extended Approval:* 1 year (365 days)

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## Step Therapy Exception Criteria

In certain situations, the patient is not required to trial preferred agents. Approve for 1 year if the patient meets the following (A, B, or C):

- A. The patient has an atypical diagnosis and/or unique patient characteristics which prevent use of all preferred agents. If so, please list diagnosis and/or patient characteristics [documentation required]; **OR**
- B. The patient has a contraindication to all preferred agents. If so, please list the contraindications to each preferred agent [documentation required]; **OR**
- C. The patient is continuing therapy with the requested non-preferred agent after being stable for at least 90 days [verification in prescription claims history required] or, if not available, [verification by prescribing physician required] **AND** meets **ONE** of the following:
  - 1. The patient has at least 130 days of prescription claims history on file and claims history supports that the patient has received the requested non-preferred agent for 90 days within a 130-day look-back period **AND** there is no generic equivalent available for the requested nonpreferred product (i.e. AA-rated or AB-rated to the requested nonpreferred product); **OR**
  - 2. When 130 days of the patient's prescription claims history file is unavailable for verification, the prescriber must verify that the patient has been receiving the requested non-preferred agent for 90 days **AND** that the patient has been receiving the requested non-preferred agent via paid claims (i.e. the patient has **NOT** been receiving samples or coupons or other types of waivers in order to obtain access to the requested non-preferred agent) **AND** there is no generic equivalent available for the requested nonpreferred product (i.e. AA-rated or AB-rated to the requested nonpreferred product).

**Documentation Required:** When documentation is required, the prescriber must provide written documentation supporting the trials of these other agents, noted in the criteria as [documentation required]. Documentation should include chart notes, prescription claims records, and/or prescription receipts.

**Approval Duration:** All approvals for continuation of therapy are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

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## Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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## REFERENCES

1. Williams HC, Dellavalle RP, Garner S. Acne vulgaris. *Lancet*. 2012;379:361-72
2. Titus S, Hodge J. Diagnosis and treatment of acne. *Am Fam Phys*. 2012;86(8):734-740.
3. James WD. Acne. *N Engl J Med*. 2005;352(14):1463-1472.
4. Clinical Pharmacology © 2014. Available at <http://www.clinicalpharmacology-ip.com/Default.aspx>. Accessed on November 9, 2015. Search terms: benzoyl peroxide and sulfur/sulfacetamide.
5. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2010. Available at: <http://online.factsandcomparisons.com/login.aspx?url=/index.aspx&q.s>. Accessed on November 9, 2015. Search terms: benzoyl peroxide, clindamycin, sulfacetamide/sulfur.
6. Thiboutot D, Gollnick, Vincenzo B, et al on behalf of the Global Alliance to Improve Outcomes in Acne. New insights into the management of acne: An update from the Global Alliance to Improve Outcomes in Acne Group. *J Am Acad Dermatol*. 2009;60:S1-50.

## List of products for reference: not all inclusive

### Benzoyl peroxide containing products

- Benzac® AC, (benzoyl peroxide 10% liquid wash – Galderma)
- Benzac® W (benzoyl peroxide 10% liquid wash – Galderma, generics)
- Enzoclear® (benzoyl peroxide aerosol, foam)
- Pacnex® 7% Topical Wash (benzoyl peroxide 7% topical wash – Medimetriks, generics)
- Pacnex® HP (benzoyl peroxide 7% cleansing pads – Medimetriks)
- Pacnex® LP (benzoyl peroxide 4.25% cleansing pads – Medimetriks)
- Pacnex® MX (benzoyl peroxide 4.25% cleanser – Medimetriks)

### Sulfacetamide/sulfur containing products

- Avar™ (sulfacetamide/sulfur 9.5%/5% soap – Mission)
- Avar™ LS (sulfacetamide/sulfur 10%/2% cleanser – Mission)
- Plexion® (sulfacetamide/sulfur 9.8/4.8% soap and cleansing cloth – Medicis)
- Rosanil® (sodium sulfacetamide/sulfur 10%/5% cleanser lotion – DPT Laboratories/Galderma, generics)
- Rosula (sodium sulfacetamide/sulfur 10%/4.5% wash – Avon)
- Sumadan™ (sulfacetamide/sulfur 9%/4.5% wash – Medimetriks)
- Sumaxin® (sulfacetamide/sulfur 9%/4% cleansing pads, topical suspension, and wash – Medimetriks [cleansing pads are available as generics])
- Sumaxin® CP (sodium sulfacetamide/sulfur 10%/4% Kit – Medimetriks)