

## Pharmacy Policy

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### Step Therapy Policy - Topical Acne & Rosacea Agents

**Policy Number:** 9.916

**Version Number:** 2.0

**Version Effective Date:** 3/1/2022

Product Applicability  All Plan<sup>+</sup> Products

#### Well Sense Health Plan

New Hampshire Medicaid

#### Boston Medical Center Healthnet Plan

- Masshealth - MCO
- Masshealth - ACO
- Qualified Health Plans
- Senior Care Options

Note: Disclaimer And Audit Information Is Located At The End Of This Document.

## Prior Authorization Policy

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### POLICY STATEMENT:

A step therapy program has been developed to encourage the use of generic Step-1 products prior to the use of a Step-2 or Step-3 product, without interrupting existing therapy. If the step therapy rule is not met for a Step-2 or Step-3 agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 1 year in duration.

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**Standard Criteria:**

The plan may authorize coverage of the products in the appendix for all FDA indications not otherwise excluded and for members meeting the following criteria when step therapy is not met at point of sale from claims history:

1. Prescribers must provide documentation (including trial outcome) that the member has tried and failed the appropriate number of applicable step agents as indicated in Appendix A and in the coverage criteria requirements. **OR**
2. Prescribers must provide documentation that the member has a contraindication to, or other clinical rationale preventing the use of, **ALL** applicable step agents indicated in Appendix A.

\*\* Members 26 years of age and older also require a PA for some topical acne treatments

**Appendix A: Step Therapy Details**

Topical Acne Agents-1		
Step 1	Step 2	Coverage Criteria
Differin gel 0.1% OTC tretinoin cream/gel	dapsone 5% and 7.5% gel adapalene cream 0.1% adapalene gel 0.3%	Pharmacy claims indicating the use of Differin OTC gel and one covered tretinoin cream or gel in the previous 130 days

Topical Acne Agents-2		
Step 1	Step 2	Coverage Criteria
clindamycin/benzoyl Peroxide gel 1.2-5%	Onexton external gel 1.2-3.75 % clindamycin/benzoyl Peroxide Gel 1-5% Neuac Gel 1.2-5%	Pharmacy claims indicating the use of clindamycin/benzoyl peroxide Gel 1.2-5% in the previous 130 Days

Topical Rosacea		
Step 1	Step 2	Coverage Criteria

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metronidazole cream 0.75% metronidazole gel 0.75% metronidazole gel 1% metronidazole lotion 0.75%	Rhofade cream 1 % ivermectin cream 1 %	Pharmacy claims indicating the use of a step 1 agent in the previous 130 days
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### Clinical Background Information and References

1. Adaplane [package insert]. Fougera Pharmaceuticals, Inc.; Melville, NY. August 2021
2. Clindamycin/ benzoyl peroxide gel [package insert]. Glenmark Pharmaceuticals Inc.; Mahwah, NJ. August 2021
3. Dapsone gel [package insert]. Allergan Inc., Irvine CA. May 2018
4. Goldstein BG, Goldstein AG. Rosacea. UptoDate,<sup>®</sup> accessed October 2021; available from <http://uptodate.com>
5. Graber E. Treatment of acne vulgaris. UptoDate,<sup>®</sup> accessed October 2021; available from <http://uptodate.com>
6. Ivermectin cream [package insert]. Galderma Laboratories LP. Fort Worth, TX. November 2019
7. Maier LE. Management of Rosacea. UptoDate,<sup>®</sup> accessed October 2021; available from <http://uptodate.com>
8. Neuac gel [package insert]. Medimetriks Pharmaceuticals, Inc.; Fairfield, NJ. November 2015.
9. Onexton external gel [package insert]. Bausch Health US, LLC; Bridgewater, NJ. April 2020
10. Rhofade (oxymetazone cream) [package insert]. Allergan; Irvine, CA. October 2019

Original Approval Date	Original Effective Date	Policy Owner	Approved By
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary Of Revisions	Revision Effective Date	Approved By
12/1/2020	Created separate policies per applicable line of business. Coverage duration changed to 1 year. Addition of policy statement and standard criteria. Changed trial look ball to 130 days from 120 days.	1/1/2021	P&T Committee

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## Policy Revisions History

11/11/2021	P&T annual review. Change name to Topical Acne & Rosacea Agents. Updated to standard ST language. Replace Soolantra with generic. Remove Azelex cream (already on PA).	3/1/2022	P&T Committee
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## Next Review Date

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11/2022

## Other Applicable Policies

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## Reference To Applicable Laws And Regulations, If Any

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## Disclaimer Information

Medical Policies Are The Plan's Guidelines For Determining The Medical Necessity Of Certain Services Or Supplies For Purposes Of Determining Coverage. These Policies May Also Describe When A Service Or Supply Is Considered Experimental Or Investigational, Or Cosmetic. In Making Coverage Decisions, The Plan Uses These Guidelines And Other Plan Policies, As Well As The Member's Benefit Document, And When Appropriate, Coordinates With The Member's Health Care Providers To Consider The Individual Member's Health Care Needs.

Plan Policies Are Developed In Accordance With Applicable State And Federal Laws And Regulations, And Accrediting Organization Standards (Including NCQA). Medical Policies Are Also Developed, As Appropriate, With Consideration Of The Medical Necessity Definitions In Various Plan Products, Review Of Current Literature, Consultation With Practicing Providers In The Plan's Service Area Who Are Medical Experts In The Particular Field, And Adherence To FDA And Other Government Agency Policies. Applicable State Or Federal Mandates, As Well As The Member's Benefit Document, Take Precedence Over These Guidelines. Policies Are Reviewed And Updated On An Annual Basis, Or More Frequently As Needed. Treating Providers Are Solely Responsible For The Medical Advice And Treatment Of Members.

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The Use Of This Policy Is Neither A Guarantee Of Payment Nor A Final Prediction Of How A Specific Claim(S) Will Be Adjudicated. Reimbursement Is Based On Many Factors, Including Member Eligibility And Benefits On The Date Of Service; Medical Necessity; Utilization Management Guidelines (When Applicable); Coordination Of Benefits; Adherence With Applicable Plan Policies And Procedures; Clinical Coding Criteria; Claim Editing Logic; And The Applicable Plan – Provider Agreement.

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