Topical Acne Agents

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the prior authorization (PA) criteria for Topical Acne Agents is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or guidelines, and to encourage use of more cost-effective generic and over-the-counter (OTC) agents prior to the use of a generic or brand name combination agents, a brand name agent, or a more costly generic when using for the treatment of acne.

FDA-Approved Indications

Acanya, Benzaclin, Duac, Neuac, Onexton, and generic equivalents are combination topical products containing benzoyl peroxide and clindamycin indicated for the treatment of acne vulgaris in patients 12 years and older.

Differin and generic equivalents are topical retinoids indicated for the treatment of acne vulgaris in patients 12 years and older.

Epiduo Forte is a combination topical product containing benzoyl peroxide and adapalene indicated for the treatment of acne vulgaris in patients 12 years and older.

Evoclin and generic equivalents are a topical foam formulation of clindamycin indicated for the treatment of acne vulgaris in patients 12 years and older.

Aczone is topical antimicrobial agent indicated for the treatment of acne vulgaris in patients 12 years and older.

All other indications are considered experimental/investigational and are not a covered benefit.

POLICY

I. Acanya, Benzaclin, Duac, Neuac, Onexton, and generic equivalents may be considered medically necessary for the topical treatment of acne vulgaris in patients 12 years and older when the following criteria are met:
   • Patient must experience an inadequate response, adverse event, intolerance, or contraindication to the combined use of the individual topical ingredients, clindamycin and over-the-counter benzoyl peroxide.
peroxide. Treatment failure cannot be caused by a lack of compliance to therapy or the unwillingness to take the two ingredients separately.

**Approval** will be for 12 months

II. Differin 0.3% and generic equivalents may be considered medically necessary for the topical treatment of acne vulgaris in patients 12 years and older when the following criteria are met:
- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to over-the counter or prescription Differin 0.1% (adapalene) alone or in combination with over-the counter benzoyl peroxide unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).

**Approval** will be for 12 months

III. Epiduo Forte Gel 0.3-2.5% may be considered medically necessary for the topical treatment of acne vulgaris in patients 12 years and older when ALL of the following criteria are met:
- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to the combined use of the individual topical ingredients, over-the counter or prescription Differin 0.1% (adapalene) and over-the counter benzoyl peroxide unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs). Treatment failure cannot be caused by a lack of compliance to therapy or the unwillingness to take the two ingredients separately.
- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to the combined use of the individual topical ingredients, prescription Differin 0.3% (adapalene) and over-the counter benzoyl peroxide. Treatment failure cannot be caused by a lack of compliance to therapy or the unwillingness to take the two ingredients separately.

**Approval** will be for 12 months

IV. Evoclin (clindamycin 1% foam) and generic equivalents may be considered medically necessary for the topical treatment of acne vulgaris and folliculitis in patients 12 years and older when the following criteria are met:
- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to another topical generic clindamycin formulation (i.e., gel, lotion, and solution). Treatment failure cannot be caused by a lack of compliance to therapy.

**Approval** will be for 12 months

V. Aczone may be considered medically necessary for the topical treatment of acne vulgaris in patients 12 years and older when ALL of the following criteria are met:
- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to over-the counter benzoyl peroxide unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).
- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to topical clindamycin alone or in combination with over-the counter benzoyl peroxide unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance.
health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).

- Patient must experience an inadequate response, adverse event, intolerance, or contraindication to over-the-counter or prescription Differin 0.1% (adapalene) alone or in combination with over-the-counter benzoyl peroxide unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).

**Approval** will be for 12 months

VI. The aforementioned drugs are considered **not medically necessary** for patients who do not meet the criteria set forth above.

**Dosing and Administration**
Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

**PROCEDURES AND BILLING CODES**

*To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.*

- Code(s), if applicable

**REFERENCES**

- Differin 0.3% [Prescribing Information] Forth Worth, TX: Galderma Laboratories, L.P.; February 2012.

**POLICY HISTORY**

- **Policy #:** 05.01.114
- **Policy Creation:** July 2016
- **Reviewed:** September 2017
- **Revised:** September 2017
- **Current Effective Date:** October 13, 2017