

## Topical Acne and Topical Rosacea IL Medicaid Only

### PRODUCTS AFFECTED

Azelex CREA 20% (Azelaic Acid Cream 20%), Cleocin-T GEL 1% (Clindamycin Phosphate Gel 1%), Cleocin-T LOTN 1% (Clindamycin Phosphate Lotion 1%), Clindacin ETZ KIT 1% (Clindamycin Phosphate Swab 1% & Cleanser Kit), Clindacin ETZ SWAB 1% (Clindamycin Phosphate Swab 1%), Clindamycin Phosphate GEL 1% , Clindamycin Phosphate LOTN 1% , Clindamycin Phosphate SOLN 1% , Clindamycin Phosphate FOAM 1%, Clindagel GEL 1% (Clindamycin Phosphate Gel 1%), Clindamycin Phosphate SWAB 1% , Clindacin-P SWAB 1% (Clindamycin Phosphate Swab 1%), Evoclin FOAM 1% (Clindamycin Phosphate Foam 1%), Dapsone GEL 5% (Dapsone Gel 5%), Aczone GEL 5% (Dapsone Gel 5%), Aczone GEL 7.5% (Dapsone Gel 7.5%), Dapsone GEL 7.5% (Dapsone Gel 7.5%), Erythromycin SOLN 2% (Erythromycin Soln 2%), Erygel GEL 2% (Erythromycin Gel 2%), Erythromycin GEL 2% (Erythromycin Gel 2%), Ery PADS 2% (Erythromycin Pads 2%), Erythromycin PADS 2% (Erythromycin Pads 2%), Klaron LOTN 10% (Sulfacetamide Sodium Lotion 10% (Acne)), Sulfacetamide Sodium (Acne) LOTN 10% , Amzeeq FOAM 4% (Minocycline HCl Micronized Foam 4%), , Aktipak PACK 5-3% (Benzoyl Peroxide-Erythromycin Gel Pack 5-3%), Benzamycin GEL 5-3% (Benzoyl Peroxide-Erythromycin Gel 5-3%), Benzoyl Peroxide-Erythromycin GEL 5-3% (Benzoyl Peroxide-Erythromycin Gel 5-3%), BenzaClin GEL 1-5% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%), BenzaClin with Pump GEL 1-5% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%), Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%, Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%, Acanya GEL 1.2-2.5% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%), Onexton GEL 1.2-3.75% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-3.75%), Clindamycin Phos-Benzoyl Perox GEL 1.2-5% , Neuac GEL 1.2-5% (Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%), Clindacin Pac KIT 1% (\*Clindamycin Phosphate Swab 1% & Cleanser Kit), Sulfacetamide Sodium-Sulfur LIQD 9-4% (Sulfacetamide Sodium w/ Sulfur Wash 9-4%), Sumaxin Wash LIQD 9-4% (Sulfacetamide Sodium w/ Sulfur Wash 9-4%), Sulfacetamide Sodium-Sulfur LIQD 9-4.5% (Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%), Sumadan Wash LIQD 9-4.5% (Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%), Sulfacetamide Sodium-Sulfur LIQD 9.8-4.8% (Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%), Sulfacetamide Sodium-Sulfur LIQD 10-2% (Sulfacetamide Sodium w/ Sulfur Cleanser 10-2%), BP 10-1 EMUL 10-1% (Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%), Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%, Sulfacetamide Sodium w/ Sulfur Susp 8-4%, Sumaxin TS SUSP 8-4% (Sulfacetamide Sodium w/ Sulfur Susp 8-4%), Sulfacetamide Sodium w/ Sulfur Cream 10-2%, SSS 10-5 CREA 10-5% (Sulfacetamide Sodium w/ Sulfur Cream 10-5%), Sulfacetamide Sodium w/ Sulfur Cream 10-5%, SSS 10-5 FOAM 10-5% (Sulfacetamide Sodium w/ Sulfur Foam 10-5%), Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%, Sumaxin PADS 10-4% (Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%), BP Cleansing Wash EMUL 10-4% (Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%), Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%, Sumadan KIT 9-4.5% (Sulfacetamide Sod-Sulfur Wash 9-4.5% & Skin Cleanser Kit), Sumaxin CP KIT 10-4% (Sulfacetamide Sod-Sulfur Pad 10-4% & Skin Cleanser Kit), Sumadan XLT KIT 9-4.5% (Sulfacetamide Sod-Sulfur Wash 9-4.5% & Sunscreen Kit), Neuac KIT 1.2-5% (Clindamycin-Benzoyl Perox Gel 1.2-5% & Moisturizer Cr Kit); Finacea FOAM 15% (Azelaic Acid Foam 15%), Azelaic Acid GEL 15%, Finacea GEL 15% (Azelaic Acid Gel 15%), Mirvaso GEL 0.33% (Brimonidine Tartrate Gel 0.33% (Base Equivalent)), Soolantra CREAM 1% (Ivermectin Cream 1%), Ivermectin CREAM 1%, metroNIDAZOLE CREAM 0.75% (Metronidazole Cream 0.75%), MetroCream CREAM 0.75%, Rosadan CREAM 0.75% (Metronidazole Cream 0.75%), Noritate CREA 1% (Metronidazole Cream 1%), metroNIDAZOLE GEL 0.75%, Rosadan GEL 0.75% (Metronidazole Gel

## Drug and Biologic Coverage Criteria

0.75%), Metrogel GEL 1% (Metronidazole Gel 1%), metroNIDAZOLE GEL 1%, metroNIDAZOLE LOTN 0.75%, Rosadan KIT 0.75% (Gel) (Metronidazole Gel 0.75% w/ Cleanser Kit), Rosadan KIT 0.75% (Cream) (Metronidazole Cream 0.75% w/ Cleanser Kit), Zilxi FOAM 1.5% (Minocycline HCl Micronized Foam 1.5%), Rhofade CREA 1% (Oxymetazoline HCl Cream 1%), Winlevi (clascoterone)

### Topical Retinoids for Acne:

Adapalene 0.1% solution/0.1% cream/0.1% gel, Akleif (trifarotene) 0.005% cream, Altreno (tretinoin) 0.05% lotion, Arazlo (tazarotene) 0.045% lotion, Atralin (tretinoin) 0.05% gel, Avita (tretinoin) 0.025% cream/0.025% gel, Differin (adapalene) 0.1% cream/0.1% gel/0.1% lotion/0.3% gel, Fabior 0.1% foam, Retin-A (tretinoin) 0.025% cream/0.05% cream/0.1% cream/0.01% gel/0.025% gel, Retin-A Micro (tretinoin) 0.01% gel/0.04% gel/ 0.04% pump gel/0.06% pump gel/0.08% pump gel/0.1% pump gel, Tazarotene acne foam 0.1%, tretinoin 0.025% cream/0.05% cream/0.1% cream, tretinoin 0.025% gel/0.01% gel/0.05% gel, tretinoin microspheres gel/pump gel 0.04%/0.1%, Tretin-X (tretinoin) 0.075% cream, Clindamycin-Tretinoin GEL 1.2-0.025% (Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%), Ziana GEL 1.2-0.025% (Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%), Adapalene-Benzoyl Peroxide GEL 0.1-2.5% (Adapalene-Benzoyl Peroxide Gel 0.1-2.5%), Epiduo Forte GEL 0.3-2.5% (Adapalene-Benzoyl Peroxide Gel 0.3-2.5%)

## COVERAGE POLICY

*Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.*

*This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines*

### **Documentation Requirements:**

*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive*

### **DIAGNOSIS:**

Acne Vulgaris, Rosacea

### **REQUIRED MEDICAL INFORMATION:**

#### **A. ACNE VULGARIS**

1. Documentation of a diagnosis of acne vulgaris

AND

2. For Non-Preferred PDL listed topical retinoids: Documentation of an adequate trial (of at least 4 weeks) of at least two preferred topical retinoid products

OR

For other Non-Preferred PDL products (per Illinois Medicaid Preferred Drug List):

Documentation of an adequate trial (of at least 4 weeks) of two topical treatments for acne: topical antibiotic, topical retinoid or topical benzoyl peroxide.

**Molina Reviewer Note:** *Preferred topical acne products require prior authorization for members under the age of 10 or greater than 21 per Illinois HFS. Trial and failure of other agents not required if the product is preferred.*

## Drug and Biologic Coverage Criteria

AND

3. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Topical clindamycin containing products are contraindicated in individuals with a history of hypersensitivity to preparation containing clindamycin or lincomycin, a history of regional enteritis or ulcerative colitis, or a history of antibiotic-associated colitis; Topical erythromycin is contraindicated in those individuals who have shown hypersensitivity to any of its components; topical benzoyl peroxide containing products are contraindicated in those individuals who have shown hypersensitivity to any of its components; Topical Sodium sulfacetamide/sulfur products are contraindicated in patients having known hypersensitivity to sulfonamides, sulfur or any other component of this preparation and those patients with kidney disease; Topical sulfacetamide products are contraindicated for use by patients having known hypersensitivity to sulfonamides or any other component of this preparation; Topical minocycline products are contraindicated in persons who have shown hypersensitivity to any of the tetracyclines or any of the ingredients of the product.]

AND

4. For members under the age of 10, documentation that the requested product is FDA labeled or compendia supported for the member's current age
- AND
5. IF THIS IS A NON-FORMULARY PRODUCT (NOT LISTED ON THE ILLINOIS MEDICAID PREFERRED DRUG LIST): Documentation of trial/failure of or intolerance to a majority (not more than 3) of the formulary (PDL) alternatives for the given diagnosis. If yes, please submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s).

### B. ROSACEA

1. Documentation of a diagnosis of rosacea
- AND
2. For non-preferred PDL products (per Illinois Medicaid Preferred Drug List): Documentation of a trial and failure of a formulary preferred topical metronidazole product  
Molina Reviewer Note: *Preferred topical acne products, which may also be FDA labeled for rosacea, require prior authorization for members under the age of 10 or greater than 21 per Illinois HFS. Trial and failure of other agents not required if the product is preferred.*
- AND
3. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Topical Sodium sulfacetamide/sulfur products are contraindicated in patients having known hypersensitivity to sulfonamides, sulfur or any other component of this preparation and those patients with kidney disease; Topical sulfacetamide products are contraindicated for use by patients having known hypersensitivity to sulfonamides or any other component of this preparation; Topical minocycline products are contraindicated in persons who have shown hypersensitivity to any of the tetracyclines or any of the ingredients of the product; Finacea Gel is contraindicated in individuals with a history of hypersensitivity to propylene glycol or any other component of the formulation; Topical metronidazole products are contraindicated in individuals with a history of hypersensitivity to metronidazole, or other ingredients of the formulations.]
- AND
4. IF THIS IS A NON-FORMULARY PRODUCT (NOT LISTED ON THE ILLINOIS MEDICAID PREFERRED DRUG LIST): Documentation of trial/failure of or intolerance to a majority (not more than 3) of the formulary (PDL) alternatives for the given diagnosis. If

## Drug and Biologic Coverage Criteria

yes, please submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s).

### CONTINUATION OF THERAPY:

#### A. ALL INDICATIONS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history  
AND
2. Prescriber attestation that member has had no intolerable adverse effects or drug toxicity  
AND
3. Documentation of positive clinical response as demonstrated by improvements in the condition's signs and symptoms

### DURATION OF APPROVAL:

Initial authorization: 12 months, Continuation of Therapy: 12 months

### PRESCRIBER REQUIREMENTS:

None

### AGE RESTRICTIONS (for Non-preferred products only):

ACNE:

*Note: Preferred topical acne products require prior authorization for members under the age of 10 or greater than 21 per Illinois HFS*

Aczone Gel 7.5%: Age 9 and older

Amzeeq: Age 9 and older

Epiduo 0.1%;2.5%: Age 9 and older

Other Topical Acne Agents: Age 10 or older

ROSACEA:

*Note: Preferred topical acne products, which may also be FDA labeled for rosacea, require prior authorization for members under the age of 10 or greater than 21 per Illinois HFS*

Mirvaso, Finacea, Soolantra, Metrogel Brand, MetroCream Brand, Noritate Brand, Zilxi: Age 18 or older

Non-preferred sulfacetamide sodium containing products, Azelex cream 20%: Age 10 and older

### QUANTITY:

See Illinois PDL for quantity limitations

### PLACE OF ADMINISTRATION:

The recommendation is that topical medications in this policy will be for pharmacy benefit coverage and patient self-administered.

## DRUG INFORMATION

### ROUTE OF ADMINISTRATION:

Topical

### DRUG CLASS:

Acne Products

Acne Combinations

## Drug and Biologic Coverage Criteria

Rosacea Agents  
Antiseborrheic Products

### **FDA-APPROVED USES (for select products):**

ACANYA Gel: indicated for the topical treatment of acne vulgaris in patients 12 years or older

Aczone Gel 7.5%: indicated for the topical treatment of acne vulgaris in patients 9 years of age and older

Amzeeq foam: indicated to treat inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 9 years of age and older.

Azelex: indicated for the topical treatment of mild-to-moderate inflammatory acne vulgaris

BP 10-1(sodium sulfacetamide 10% and sulfur 1 %): indicated in the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis.

Clindacin P: indicated in the treatment of acne vulgaris

Cleocin T topical solution, Cleocin T Topical Gel, Cleocin T Topical Lotion: indication in the treatment of acne vulgaris

EPIDUO FORTE: indicated for the topical treatment of acne vulgaris.

ERYGEL Topical Gel: indicated for the topical treatment of acne vulgaris.

EVOCLIN Foam: indicated for acne vulgaris in patients 12 years and older.

FINACEA (azelaic acid) foam, gel: indicated for the topical treatment of inflammatory papules and pustules of mild to moderate rosacea

Klaron Lotion: indicated in the topical treatment of acne vulgaris.

Metrogel 1%, MetroCream 0.75%, Noritate 1% cream: indicated for the treatment of inflammatory papules, pustules, and erythema of rosacea

MIRVASO (brimonidine) topical gel: indicated for the topical treatment of persistent (non-transient) facial erythema of rosacea in adults 18 years of age or older

Neuac Gel, 1.2%/5%:indicated for the topical treatment of inflammatory acne

ONEXTON Gel: indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

RHOFADE (oxymetazoline hydrochloride) cream, 1%: indicated for the topical treatment of persistent facial erythema associated with rosacea in adults.

Rosadan 0.75% Cream and Gel: indicated for topical application in the treatment of inflammatory papules and pustules of rosacea.

SOOLANTRA (ivermectin) cream, 1%: s indicated for the treatment of inflammatory lesions of rosacea

Sumaxin (sodium sulfacetamide 10% & sulfur 4%) Cleansing Pads: indicated in the topical control of acne

## Drug and Biologic Coverage Criteria

### vulgaris, acne rosacea and seborrheic dermatitis

Sumadan (sodium sulfacetamide 9% & sulfur 4.5%) Wash: indicated for the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis

Winlevi (clascoterone): indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel: indicated for the topical treatment of acne vulgaris in patients 12 years or older

ZILXI (minocycline) topical foam: indicated for the treatment of inflammatory lesions of rosacea in adults

### COMPENDIAL APPROVED OFF-LABELED USES:

UpToDate, Micromedex, AHFS or Clinical Pharmacology

## APPENDIX

### APPENDIX:

Treatment algorithm for the management of acne vulgaris in adolescents and young adults. Adopted from the 'Guidelines of care for the management of acne vulgaris' J Am Acad Dermatol 2016

	Mild	Moderate	Severe
1st Line Treatment	Benzoyl Peroxide (BP) or Topical Retinoid -or- Topical Combination Therapy** BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic	Topical Combination Therapy** BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic -or- Oral Antibiotic + Topical Retinoid + BP -or- Oral Antibiotic + Topical Retinoid + BP + Topical Antibiotic	Oral Antibiotic + Topical Combination Therapy** BP + Antibiotic or Retinoid + BP or Retinoid + BP + Antibiotic -or- Oral Isotretinoin
Alternative Treatment	Add Topical Retinoid or BP (if not on already) -or- Consider Alternate Retinoid -or- Consider Topical Dapsone	Consider Alternate Combination Therapy -or- Consider Change in Oral Antibiotic -or- Add Combined Oral Contraceptive or Oral Spironolactone (Females) -or- Consider Oral Isotretinoin	Consider Change in Oral Antibiotic -or- Add Combined Oral Contraceptive or Oral Spironolactone (Females) -or- Consider Oral Isotretinoin

Fig 1. Treatment algorithm for the management of acne vulgaris in adolescents and young adults. The double asterisks (\*\*) indicate that the drug may be prescribed as a fixed combination product or as separate component. BP, Benzoyl peroxide.

## BACKGROUND AND OTHER CONSIDERATIONS

### BACKGROUND:

None

### CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of topical acne products are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

Drug and Biologic Coverage Criteria

**OTHER SPECIAL CONSIDERATIONS:**

None

**CODING/BILLING INFORMATION**

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

**AVAILABLE DOSAGE FORMS:**

- Acanya GEL 1.2-2.5% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%)
- Aczone GEL 5% (Dapsone Gel 5%)
- Aczone GEL 7.5% (Dapsone Gel 7.5%)
- Adapalene CREA 0.1%
- Adapalene GEL 0.1%
- Adapalene GEL 0.3%
- Adapalene SOLN 0.1%
- Adapalene-Benzoyl Peroxide GEL 0.1-2.5% (Adapalene-Benzoyl Peroxide Gel 0.1-2.5%)
- Aklief CREA 0.005%
- Aktipak PACK 5-3% (Benzoyl Peroxide-Erythromycin Gel Pack 5-3%)
- Altreno LOTN 0.05%
- Amzeeq FOAM 4% (Minocycline HCl Micronized Foam 4%)
- Arazlo LOTN 0.045%
- Atralin GEL 0.05%
- Avita CREA 0.025%
- Avita GEL 0.025%
- BenzaClin GEL 1-5% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%)
- BenzaClin with Pump GEL 1-5% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%)
- Benzamycin GEL 5-3% (Benzoyl Peroxide-Erythromycin Gel 5-3%)
- Benzoyl Peroxide-Erythromycin GEL 5-3% (Benzoyl Peroxide-Erythromycin Gel 5-3%)
- BP 10-1 EMUL 10-1% (Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%)
- BP Cleansing Wash EMUL 10-4% (Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%)
- Cleocin-T GEL 1% (Clindamycin Phosphate Gel 1%)
- Cleocin-T LOTN 1% (Clindamycin Phosphate Lotion 1%)
- Clindacin ETZ KIT 1% (\*Clindamycin Phosphate Swab 1% & Cleanser Kit\*\*\*)
- Clindacin ETZ SWAB 1% (Clindamycin Phosphate Swab 1%)
- Clindacin Pac KIT 1% (\*Clindamycin Phosphate Swab 1% & Cleanser Kit)
- Clindacin-P SWAB 1% (Clindamycin Phosphate Swab 1%)
- Clindagel GEL 1% (Clindamycin Phosphate Gel 1%)
- Clindamycin Phos-Benzoyl Perox GEL 1.2-5%
- Clindamycin Phosphate FOAM 1%
- Clindamycin Phosphate GEL 1%
- Clindamycin Phosphate LOTN 1%
- Clindamycin Phosphate SOLN 1%
- Clindamycin Phosphate SWAB 1%
- Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%
- Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%
- Clindamycin-Tretinoin GEL 1.2-0.025% (Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%)

## Drug and Biologic Coverage Criteria

Dapsone GEL 5% (Dapsone Gel 5%)  
Dapsone GEL 7.5% (Dapsone Gel 7.5%)  
Differin CREA 0.1%  
Differin GEL 0.3%  
Differin LOTN 0.1%  
Epiduo Forte GEL 0.3-2.5% (Adapalene-Benzoyl Peroxide Gel 0.3-2.5%)  
Ery PADS 2% (Erythromycin Pads 2%)  
Erygel GEL 2% (Erythromycin Gel 2%)  
Erythromycin GEL 2% (Erythromycin Gel 2%)  
Erythromycin PADS 2% (Erythromycin Pads 2%)  
Erythromycin SOLN 2% (Erythromycin Soln 2%)  
Evoclin FOAM 1% (Clindamycin Phosphate Foam 1%)  
Fabior FOAM 0.1%  
Finacea (azelaic acid) foam, gel  
Klaron LOTN 10% (Sulfacetamide Sodium Lotion 10% (Acne))  
MetroCream CREA 0.75%  
Metrogel GEL 1%  
MIRVASO (brimonidine) topical gel 0.33%  
Neuac GEL 1.2-5% (Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%)  
Neuac KIT 1.2-5% (Clindamycin-Benzoyl Perox Gel 1.2-5% & Moisturizer Cr Kit)  
Noritate CREA 1%  
Onexton GEL 1.2-3.75% (Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-3.75%)  
Retin-A CREA 0.025%  
Retin-A CREA 0.05%  
Retin-A CREA 0.1%  
Retin-A GEL 0.01%  
Retin-A GEL 0.025%  
Retin-A Micro GEL 0.04%  
Retin-A Micro GEL 0.1%  
Retin-A Micro Pump GEL 0.04%  
Retin-A Micro Pump GEL 0.06%  
Retin-A Micro Pump GEL 0.08%  
Retin-A Micro Pump GEL 0.1%  
Rhofade CREA 1%  
Rosadan KIT 0.75% (Cream)  
Rosadan KIT 0.75% (Gel)  
SOOLANTRA (ivermectin) cream, 1%  
SSS 10-5 CREA 10-5% (Sulfacetamide Sodium w/ Sulfur Cream 10-5%)  
SSS 10-5 FOAM 10-5% (Sulfacetamide Sodium w/ Sulfur Foam 10-5%)  
Sulfacetamide Sodium (Acne) LOTN 10%  
Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%  
Sulfacetamide Sodium w/ Sulfur Cream 10-2%  
Sulfacetamide Sodium w/ Sulfur Cream 10-5%  
Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%  
Sulfacetamide Sodium w/ Sulfur Susp 8-4%  
Sulfacetamide Sodium-Sulfur LIQD 10-2% (Sulfacetamide Sodium w/ Sulfur Cleanser 10-2%)  
Sulfacetamide Sodium-Sulfur LIQD 9.8-4.8% (Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%)  
Sulfacetamide Sodium-Sulfur LIQD 9-4% (Sulfacetamide Sodium w/ Sulfur Wash 9-4%)  
Sulfacetamide Sodium-Sulfur LIQD 9-4.5% (Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%)  
Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%  
Sumadan KIT 9-4.5% (Sulfacetamide Sod-Sulfur Wash 9-4.5% & Skin Cleanser Kit)  
Sumadan Wash LIQD 9-4.5% (Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%)  
Sumadan XLT KIT 9-4.5% (Sulfacetamide Sod-Sulfur Wash 9-4.5% & Sunscreen Kit)



## Drug and Biologic Coverage Criteria

Sumaxin PADS 10-4% (Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%)  
Sumaxin CP KIT 10-4% (Sulfacetamide Sod-Sulfur Pad 10-4% & Skin Cleanser Kit)  
Sumaxin TS SUSP 8-4% (Sulfacetamide Sodium w/ Sulfur Susp 8-4%)  
Sumaxin Wash LIQD 9-4% (Sulfacetamide Sodium w/ Sulfur Wash 9-4%)  
Tazarotene FOAM 0.1%  
Tretinoin CREA 0.025%  
Tretinoin CREA 0.05%  
Tretinoin CREA 0.1%  
Tretinoin GEL 0.01%  
Tretinoin GEL 0.025%  
Tretinoin GEL 0.05%  
Tretinoin Microsphere GEL 0.04%  
Tretinoin Microsphere GEL 0.1%  
Tretinoin Microsphere Pump GEL 0.04%  
Tretinoin Microsphere Pump GEL 0.1%  
Tretin-X CREA 0.075%  
Winlevi CREAM 1%  
Ziana GEL 1.2-0.025% (Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%)  
Zilxi FOAM 1.5%

## REFERENCES

1. Cleocin T (clindamycin phosphate topical solution, gel, lotion) [prescribing information]. New York, NY: Pharmacia & Upjohn Co. Division of Pfizer; December 2019
2. Zaenglein, Andrea L. et al. Guidelines of care for the management of acne vulgaris. J Am Acad Dermatol. 2016 May;74(5):945-73.e33. doi: 10.1016/j.jaad.2015.12.037. Epub 2016 Feb 17. Available at: [https://www.jaad.org/article/S0190-9622\(15\)02614-6/fulltext](https://www.jaad.org/article/S0190-9622(15)02614-6/fulltext). Accessed Feb 2020
3. Clindagel (clindamycin phosphate) topical gel [prescribing information]. San Antonio, Texas: Valeant Pharmaceuticals North America LLC; November 2017
4. Evoclin (clindamycin phosphate) foam 1% [prescribing information]. Research Triangle Park, NC: Manufactured for: Stiefel Laboratories, Inc.; January 2012
5. Cleocin P (clindamycin phosphate topical solution) [prescribing information]. Fairfield, NJ: Medimetriks Pharmaceuticals, Inc.; November 2016
6. ACZONE (dapson) Gel [prescribing information]. Irvine, Ca: Allergan; February 2016
7. Erygel Topical Gel [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals Inc.; June 2018
8. KLARON (sodium sulfacetamide lotion) Lotion, 10% [prescribing information]; Bridgewater, NJ; Dermik Laboratories, a business of sanofi-aventis U.S. LLC
9. Epiduo Forte [prescribing information]; Fort Worth, TX: Galderma Laboratories, L.P.: July 2015
10. BenzaClin Topical Gel (clindamycin - benzoyl peroxide gel) [prescribing information]; Bridgewater, NJ; Dermik Laboratories, a business of sanofi-aventis U.S. LLC: June 2010
11. ONEXTON (clindamycin phosphate and benzoyl peroxide) gel [prescribing information]; Bridgewater, NJ: Bausch Health US, LLC. April 2020
12. Acanya (clindamycin phosphate and benzoyl peroxide) gel [prescribing information]; Bridgewater, NJ: Bausch Health US, LLC. September 2020
13. Sumaxin (sodium sulfacetamide 10% and sulfur 4%) [prescribing information]; Fairfield, NJ, Medimetriks Pharmaceuticals, Inc; October 2017
14. Sumadan(sodium sulfacetamide 10% and sulfur 4%) Wash [prescribing information]; Fairfield, NJ, Medimetriks Pharmaceuticals, Inc; March 2013
15. BP 10-1 (sodium sulfacetamide 10% and sulfur 15) [prescribing information]; Alpharetta, GA: Acella Pharmaceuticals, LLC: March 2019

## Drug and Biologic Coverage Criteria

16. Neuc (clindamycin phosphate and benzoyl peroxide gel [prescribing information]; Fairfield, NJ: Medimetriks Pharmaceuticals, Inc.; November 2015
17. ZIANA (clindamycin phosphate 1.2% and tretinoin 0.025%) Gel [prescribing information]; Buffalo, NY: Medicis, The Dermatology Company; November 2006
18. Amzeeq (minocycline) topical foam [prescribing information]; Bridgewater, NJ: VYNE Pharmaceuticals Inc.; January 2021
19. FINACEA (azelaic acid) foam [prescribing information]; Madison, NJ: LEO Pharma Inc.; December 2020
20. FINACEA (azelaic acid) gel [prescribing information]; Pine Brook, NJ: Intendis Inc.; July 2020
21. MIRVASO (brimonidine) topical gel [prescribing information]; Fort Worth, TX, Galderma Laboratories; November 2011
22. SOOLANTRA (ivermectin) cream, 1% [prescribing information]; Fort Worth, TX, Galderma Laboratories; July 2018
23. Rosadan (Metronidazole Topical Cream, 0.75%) Cream [prescribing information]; Fairfield, NJ: Medimetriks Pharmaceuticals, Inc.; July 2017
24. ZILXI (minocycline) topical foam [prescribing information]; Bridgewater, NJ: VYNE Pharmaceuticals Inc.; January 2021
25. RHOFADE (oxymetazoline hydrochloride) cream, 1% [prescribing information]; Charleston, SC: EPI Health; November 2019
26. Winlevi (clascoterone) [prescribing information]; Cranbury, NJ: Sun Pharmaceuticals Industries, Inc., September 2021