

SmartPA Criteria Proposal

Drug/Drug Class:	Acne and Rosacea – Select Topical Agents Step Therapy Edit
First Implementation Date:	August 17, 2020
Proposed Date:	April 18, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of select topical agents for acne and rosacea.

Why Issue Selected: Acne is a chronic inflammatory condition presenting as comedones, papules, pustules, and nodules. Oil production, dead skin cells, clogged pores, and bacteria can all work together to cause acne. Acne affects about 50 million people in the United States, including 85% of adolescents and 12% of adult women. There are a variety of agents for the treatment of acne with a wide range of cost.

Rosacea is a chronic inflammatory condition, predominately affecting the facial skin and eyes, which typically presents any time after 30 years of age as flushing or redness on the cheeks, nose, chin, or forehead that may come and go. Rosacea is estimated to affect over 16 million people in the United States. There are a variety of topical and oral agents available for the treatment of rosacea.

Due to the large patient population affected and the variety of therapies available, it is fiscally advantageous for MO HealthNet to manage utilization of higher cost therapies. This edit will focus on expensive topical agents that are not currently being edited by other means.

Program-Specific Information:

Date Range FFS 1-1-2022 to 12-31-2022			
Drug	Claims	Spend	Avg Spend per Claim
AZELAIC ACID 15% GEL	227	\$13,310.17	\$58.64
CLINDAMYCIN PHOS 1% FOAM	7	\$81.40	\$11.63
CLINDAMYCIN PHOS 1% GEL	3	\$866.00	\$288.67
DAPSONE 5% GEL	66	\$11,286.29	\$171.00
DAPSONE 7.5% GEL PUMP	14	\$6,028.63	\$430.62
FIANCEA 15% FOAM	7	\$2,203.60	\$314.80
IVERMECTIN 1% CREAM	40	\$9,225.39	\$230.63
METRONIDAZOLE 0.75% CRM	837	\$39,252.95	\$46.90
METRONIDAZOLE 0.75% GEL	494	\$17,721.56	\$35.87
METRONIDAZOLE 0.75% LOT	6	\$644.34	\$107.39
METRONIDAZOLE 1% GEL	496	\$38,931.72	\$78.49
METRONIDAZOLE 1% GEL PUMP	35	\$2,161.40	\$61.75
MIRVASO 0.33% GEL PUMP	30	\$15,727.87	\$524.26

NORITATE 1% CREAM	3	\$5,906.97	\$1,968.99
RHOFADE 1% CREAM	23	\$12,390.64	\$538.72
SOD SULFACE-SULFUR 9-4.5% WASH	2	\$156.42	\$78.21
SOD SULFACE-SULF 9.8-4.8% CLSR	2	\$412.15	\$206.08

Type of Criteria: ☐ Increased risk of ADE
☒ Appropriate Indications

☐ Preferred Drug List
☒ Step Therapy Edit

Data Sources: ☒ Only Administrative Databases

☒ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Select topical agents for acne and rosacea
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- For treatment of acne vulgaris (Aczone and Azelex agents):
 - Documented diagnosis of acne vulgaris in the past 2 years **AND**
 - Documented therapeutic trial of topical benzoyl peroxide and topical clindamycin or erythromycin (defined as 30 out of 90 days)
 - Clinical consultant review required for agents flagged as high cost therapies (see Appendix A)
- For treatment of rosacea (Finacea, Metrocream, Metrogel, Metro lotion, Mirvaso, Noritate, Rhofade, Rosadan, and Soolantra agents):
 - Claim is for topical azelaic acid 15% gel, metronidazole 1% gel, or metronidazole 0.75% cream or gel **OR**
 - Documented diagnosis of rosacea in the past 2 years **AND**
 - Documented therapeutic trial of azelaic acid 15% gel, metronidazole 1% gel, or metronidazole 0.75% cream or gel (defined as 30 out of 90 days)
 - Clinical consultant review required for agents flagged as high cost therapies (see Appendix A)

Denial Criteria

- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results: ☐
 MedWatch Form: ☐

Progress Notes: ☐
 Other: ☒

Disposition of Edit

Denial: Exception code "0681" (Step Therapy Edit)
 Rule Type: CE

Default Approval Period

1 year

Appendix A – High Cost Agents for Acne or Rosacea Therapy

Drug Description	Generic Equivalent
BP 10-1 WASH	SULFACETAMIDE SODIUM/SULFUR 10%-1%
BPO 6% FOAMING CLOTHS	BENZOYL PEROXIDE
CLINDACIN PAC KIT	CLINDAMYCIN PHOS/SKIN CLNSR 19 1% KIT
CLINDAGEL 1% GEL	CLINDAMYCIN PHOSPHATE
EVOCLIN 1% FOAM	CLINDAMYCIN PHOSPHATE
INOVA 4% EASY PAD	BENZOYL PEROXIDE/VITAMIN E MIXED
INOVA 4-1 EASY PAD	SALICYLIC ACID/BENZOYL PEROXIDE/ VITAMIN
INOVA 8% EASY PAD	BENZOYL PEROXIDE/VITAMIN E MIXED
INOVA 8-2 EASY PAD	SALICYLIC ACID/BENZOYL PEROXIDE/ VITAMIN
PLEXION 9.8-4.8% CLEANSER	SULFACETAMIDE SODIUM/SULFUR 9.8%-4.8%
ROSDAN 0.75% CREAM KIT	METRONIDAZOLE/SKIN CLEANSR #23
ROSDAN 0.75% GEL KIT	METRONIDAZOLE/SKIN CLEANSR #23
ROSULA 10%-5% CLOTHS	SULFACETAMIDE SODIUM/SULFUR 10-5%
SOD SULFACETAMIDE-SULFUR LOT	SULFACETAMIDE SOD/SULFUR 10-5%(W/W)
SSS 10-5 FOAM	SULFACETAMIDE SODIUM/SULFUR 10%-5%
SUMADAN 9%-4.5% WASH	SULFACETAMIDE SODIUM/SULFUR 9 %-4.5 %
SUMAXIN CLEANSING PADS	SULFACETAMIDE SODIUM/SULFUR 10%-4%

References

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