

Acne Medications

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are currently covered by the prescription benefit.

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

Formulary acne medications are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

For All Diagnoses:

- Acne medication is covered unrestricted for members \leq 35 years of age.
- Acne medication is covered for members > 35 years of age who have a documented diagnosis of at least one of the following:
 - Acne
 - Acne vulgaris
 - Cystic acne
 - Comedones
 - Papules
 - Pustules
 - Precancerous or cancerous lesions
 - Psoriasis
 - Keratosis follicularis (Darier's Disease, Darier-White disease)
 - Folliculitis
 - Molluscum contagiosum
 - Facial warts
 - Milia
 - Malignant neoplasm
 - Rosacea
 - Grover's disease
 - Verruca plana
 - Favre-Racouchot Syndrome (Nodular Elastosis with Cysts and Comedones)

Diagnoses Not Covered:

The following conditions are considered cosmetic, and thus acne medication is not approved for:

- Solar elastosis
- Sun damage
- Wrinkles
- Actinic damage
- Melasma
- Lentigines / Freckles (hyperpigmented macules, liver spots)



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- Heliodermatitis
- Dermatoheliosis

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Avage [Product Information]. Allergan, Inc. Irvine, CA. May 2004.
2. Avita [Product Information]. Bertex Pharmaceuticals, Inc. Research Triangle Park, NC. January 2002.
3. Azelex [Product Information]. Allergan, Inc. Irvine, CA. June 2003.
4. Differin [Product Information]. DPT Laboratories, Ltd. San Antonio, TX. June 2004.
5. Fabior [package insert]. Stiefel Laboratories: Research Triangle Park, NC. September 2012.
6. Finacea [Product Information]. Allergan, Inc. Irvine, CA. January 2005.
7. Retin-A Micro [Product Information]. Ortho-McNeil Pharmaceutical, Inc. Skillman, NJ. May 2002.
8. Tazorac [Product Information]. Allergan, Inc. Irvine, CA. May 2004

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

