



Louisiana

Topical Acne Cleansers

Policy # 00340

Original Effective Date: 02/20/2013

Current Effective Date: 03/08/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider brand name topical acne cleansers containing benzoyl peroxide or sulfacetamide/sulfur (including, but not limited to Benzac[®], Pacnex[®], Desquam X[®], Brevoxyl[®], Sumaxin[®], and Avar[®])[†] to be **eligible for coverage**** when one of the below patient selection criteria is met:

Patient Selection Criteria

Coverage eligibility will be considered for brand name topical acne cleansers when one of the following criteria is met:

- The patient has tried and failed one generic prescription topical acne cleanser containing benzoyl peroxide or sulfacetamide/sulfur; or
- There is clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brand name topical acne cleansers when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary****.

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Background/Overview

Topical acne cleansers are used in the treatment of acne. Benzoyl peroxide is considered to be an excellent first line medication. Sodium sulfacetamide and sulfur preparations are also generally well tolerated but less effective than the aforementioned agents and are best used as adjunctive therapy or when other medications are not tolerated. Guidelines do not prefer any of the specific brand name agents over their generically similar products for the treatment of acne.

Rationale/Source

The patient selection criteria presented in this policy takes into consideration clinical evidence or patient history that suggests the generically available products will be ineffective or cause an adverse reaction to the patient. Based on a review of the data, in the absence of the above mentioned caveat, there is no advantage of using a brand name topical acne cleanser over the available generic topical acne cleansers. Generic drugs are considered to have equal bioavailability and efficacy in comparison to brand name drugs.

References

1. Express Scripts. Topical Acne Cleansers Step Therapy Policy. 10/2013.
2. James WD. Acne. N Engl J Med. 2005;352(14):1463-1472.
3. Clinical Pharmacology © 2010. Available at <http://www.clinicalpharmacology-ip.com/Default.aspx>. Search terms: benzoyl peroxide and sulfur/sulfacetamide.
4. Thiboutot D, Gollnick, Vincenzo B, et al on behalf of the Global Alliance to Improve Outcomes in Acne. New insights into the management of acne: An update from the Global Alliance to Improve Outcomes in Acne Group. J Am Acad Dermatol. 2009;60:S1-50.

Policy History

Original Effective Date: 02/20/2013

Current Effective Date: 03/08/2021

02/07/2013 Medical Policy Committee review

02/20/2013 Medical Policy Implementation Committee approval. New policy.

02/06/2014 Medical Policy Committee review

02/19/2014 Medical Policy Implementation Committee approval. No change to coverage.

02/05/2015 Medical Policy Committee review

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02/18/2015 Medical Policy Implementation Committee approval. No change to coverage.
02/04/2016 Medical Policy Committee review
02/17/2016 Medical Policy Implementation Committee approval. No change to coverage.
02/02/2017 Medical Policy Committee review
02/15/2017 Medical Policy Implementation Committee approval. No change to coverage.
02/01/2018 Medical Policy Committee review
02/21/2018 Medical Policy Implementation Committee approval. No change to coverage.
02/07/2019 Medical Policy Committee review
02/20/2019 Medical Policy Implementation Committee approval. No change to coverage.
02/06/2020 Medical Policy Committee review
02/12/2020 Medical Policy Implementation Committee approval. No change to coverage.
02/04/2021 Medical Policy Committee review
02/10/2021 Medical Policy Implementation Committee approval. No change to coverage.
Next Scheduled Review Date: 02/2022

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

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NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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