UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2283-3
Program	Prior Authorization/Medical Necessity
Medication	Epsolay® (benzoyl peroxide)*
P&T Approval Date	8/2022, 8/2023, 8/2024
Effective Date	11/1/2024

1. Background:

Epsolay (benzoyl peroxide)* topical cream is indicated for the treatment of inflammatory lesions of rosacea in adults.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Epsolay*** will be approved based on **all** of the following criteria:

   a. Diagnosis of rosacea

   -AND-

   b. Treatment of inflammatory lesions

   -AND-

   c. History of failure (after a 30 day-trial), contraindication or intolerance to **two** of the following:

      1) topical metronidazole cream or gel (generic Metrocream, Metrogel)
      2) Finacea (azelaic acid 15%)
      3) Soolantra (ivermectin 1% cream)

   Authorization will be issued for 6 months.

B. Reauthorization

1. **Epsolay*** will be approved based on the following criterion:

   a. Documentation of positive clinical response to therapy demonstrated by a reduction in inflammatory lesion counts

   Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Epsolay is typically excluded from coverage

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Epsolay [package insert]. Fort Worth, TX: Galderma Laboratories, L.P. April 2023.
2. Thiboutot D, Anderson R, Cook-Bolden F, Draelos Z, Gallo RL, Granstein RD, Kang S, Macsai M, Gold LS, Tan J. Standard management options for rosacea: The 2019 update by the National Rosacea Society Expert Committee. *J Am Acad Dermatol*. 2020;82(6):1501-1510.

Program	Prior Authorization/Medical Necessity - Epsolay
Change Control	
8/2022	New program.
8/2023	Added that Epsolay typically excluded. Included brand Finacea as trial option. Updated references.
8/2024	Annual review. Removed that step therapy may be in place.