



STEP THERAPY POLICY

POLICY: Topical Acne – Cleansers Step Therapy Policy

Note: This is not an inclusive list.

- Avar™ (sodium sulfacetamide/sulfur 9.5%/5% cleansing pads – Mission)
- Avar™ LS (sodium sulfacetamide/sulfur 10%/2% cleansing pads – Mission)
- BenzePrO (benzoyl peroxide 6% foaming cloths – generic)
- BP 10-1 Wash (sodium sulfacetamide 10%/sulfur 1% wash – Acella, generic)
- BP Cleansing Wash (sulfacetamide 10%/sulfur 4%/urea 10% – Acella, generic)
- Pacnex® 7% Topical Wash (benzoyl peroxide 7% topical wash – Medimetriks, generic)
- Pacnex® HP (benzoyl peroxide 7% cleansing pads – Medimetriks)
- Pacnex® LP (benzoyl peroxide 4.25% cleansing pads – Medimetriks)
- Plexion® (sulfacetamide/sulfur 9.8/4.8% cleanser; sulfacetamide/sulfur 9.8/4.8% cleansing pads – Brava)
- PR Benzoyl Peroxide 7% Wash – generic
- Rosula® (sodium sulfacetamide/sulfur 10%/4.5% wash, 10%-5% cleansing cloths – Avion)
- Sulfacetamide Sodium/Sulfur 10%-5% Topical Cleanser – generic
- Sulfacleanse® 8-4 Suspension (sodium sulfacetamide 8%/sulfur 4% – Prugen, generic)
- Sumadan® (sodium sulfacetamide/sulfur 9%/4.5% wash – Medimetriks)
- Sumadan® XLT (sodium sulfacetamide/sulfur 9%/4.5% wash – Medimetriks)
- Sumaxin® (sodium sulfacetamide/sulfur 9%/4% cleansing pads – Medimetriks, generic)
- Sumaxin® (sodium sulfacetamide/sulfur 9%/4% wash – Medimetriks)
- Sumaxin® CP (sodium sulfacetamide/sulfur 10%/4% Kit – Medimetriks)
- Sumaxin® TS (sodium sulfacetamide/sulfur 8%/4% topical suspension – Medimetriks)

REVIEW DATE: 04/09/2025; selected revision 07/16/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP

SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Many topical products are available for the **treatment of acne vulgaris**.^{1,2} Benzoyl peroxide-containing products are generally indicated for the treatment and prevention of mild to moderate acne vulgaris. Sulfacetamide sodium have antimicrobial properties and sulfur have antiseptic properties which aid in the removal of keratin and drying of the skin and are available in a variety of strengths and vehicles. These products (sulfacetamide/sulfur) are additionally used for acne rosacea and seborrheic dermatitis. Acne treatment guidelines do not prefer any of the brand name products over similar generic products.³

The topical products for treatment of acne are available in multiple formulations.^{1,2} Creams and lotions may be best for dry or sensitive skin and gels or foams may be best for more oily skin (although newer aqueous gels may also be suitable for sensitive skin).³

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Note: For the purpose of this policy, a topical cleanser is defined as a cleanser, solution, liquid, wash, foaming cloth, cleansing cloth, or soap.

Step 1: BenzePrO (benzoyl peroxide) 6% Foaming Cloths, PR Benzoyl Peroxide 7% Wash, Sulfacetamide Sodium/Sulfur 10%-5% Topical Cleanser

Step 2: Prescription topical acne cleansers containing benzoyl peroxide or sulfacetamide/sulfur.

Note: This is not an inclusive list.

- Branded prescription topical acne cleansers containing benzoyl peroxide (e.g.; Pacnex[®] 7% Topical Wash, Pacnex[®] HP Cleansing Pads, Pacnex[®] LP Cleansing Pads)
- Branded prescription topical acne cleansers containing sulfacetamide/sulfur (e.g.; Avar[™], Avar[™] LS, BP 10-1 Wash, BP Cleansing Wash, Plexion[®] Cleanser, Plexion[®] Cleansing Pads, Rosula[®], Sulfacleanse[®] 8-4 Suspension, Sumadan[®], Sumadan[®] XLT, Sumaxin[®], Sumaxin[®] CP Kit, Sumaxin[®] TS Topical Suspension)
- Sulfacetamide Sodium/Sulfur 10%-4% suspension
- Sulfacetamide Sodium/Sulfur 9%-4% Topical Cleanser
- Sulfacetamide Sodium/Sulfur 9.8%-4.8% Topical Cleanser
- Sulfacetamide Sodium/Sulfur 10%-2% Topical Cleanser
- Sulfacetamides/Sulfur 8-4 Suspension
- Sodium Sulfacetamide/Sulfur 9%-4.5% Wash
- BP-10-1 Wash

Topical Acne – Cleansers Step Therapy Policy product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

REFERENCES

1. Facts and Comparisons[®] Online. Wolters Kluwer Health, Inc.; 2025. Available at: <https://fco.factsandcomparisons.com/lco/action/home>. Accessed on April 4, 2025. Search terms: benzoyl peroxide and sulfacetamide/sulfur.
2. Clinical Pharmacology © 2025. Available at <https://www.clinicalkey.com/pharmacology/>. Accessed on April 4, 2025. Search Terms: benzoyl peroxide and sulfur/sulfacetamide.
3. Reynolds RV, Yeung H, Cheng CE, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2024;90(5):1006.e1-1006.e30.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	12/20/2023
Annual Revision	No criteria changes.	12/18/2024
Early Annual Revision	Step 1 Products: The qualifier that “generic prescription topical acne cleansers containing benzoyl peroxide or sulfacetamide/sulfur” and the note, “this is not an inclusive list” was removed from Step 1. The products Benzoyl Peroxide 6% Foaming Cloths and PR Benzoyl Peroxide 7% Wash were added to Step 1.	04/09/2025

	Step 2 Products: The qualifier “branded prescription topical acne cleansers containing benzoyl peroxide or sulfacetamide/sulfur” was revised to include examples of the products. The generic Sulfacetamide Sodium/Sulfur 10%-4% suspension, Sulfacetamide Sodium/Sulfur 9%-4% Topical Cleanser, Sulfacetamide Sodium/Sulfur 9.8%-4.8% Topical Cleanser, Sulfacetamide Sodium/Sulfur 10%-2% Topical Cleanser, Sulfacetamides/Sulfur 8-4 Suspension, Sodium Sulfacetamide/Sulfur 9%-4.5% Wash, and BP-10-1 Wash were moved to Step 2.	
Selected Revision	Step 1 Products: Benzyl Peroxide 6% Foaming Cloths was clarified as BenzePrO (benzoyl peroxide) 6% Foaming Cloths.	07/16/2025

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group.© 2025 The Cigna Group.