



STEP THERAPY POLICY

- POLICY:** Topical Acne – Kits Step Therapy Policy
- Clindacin® ETZ Kit (clindamycin phosphate 1% pledget and Acuwash® cleanser – Medimetriks)
 - Clindacin® PAC Kit (clindamycin phosphate 1% pledget and Acuwash® cleanser – Medimetriks)

REVIEW DATE: 04/15/2026

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. Certain benzoyl peroxide-containing products are available over-the-counter (OTC). Sulfacetamide sodium and sulfur are antimicrobial and antiseptic agents, respectively, and are available in a variety of strengths and formulations. These products aid in keratin removal, provide a drying effect and are indicated for the treatment of acne vulgaris. They are also used for acne rosacea and seborrheic dermatitis. Please refer to the product labeling for specific details.

Topical clindamycin products are indicated for the treatment of acne vulgaris.^{3,4} Both Clindacin ETZ kit and Clindacin PAC kit include topical clindamycin pledgets and a bottle of Acuwash® moisturizing daily cleanser.

Acne treatment guidelines (2024) do not prefer any of the brand name products over similar generic products.⁵ A multimodal approach is recommended and therapy should include combining multiple mechanisms of actions. Topical antibiotics are not recommended as monotherapy and should be used in combination with benzoyl peroxide or topical retinoids. Unlike topical antibiotics, benzoyl peroxide, a topical antimicrobial, has not been associated with the development of antibiotic resistance.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product (one prescription topical acne product and one prescription acne cleanser) 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 acne kit is defined as kit containing a prescription topical antibiotic.

Step 1: **Prescription topical acne products:** Brand or generic topical adapalene, azelaic acid, benzoyl peroxide, clindamycin, dapsone, sulfacetamide or sulfacetamide/sulfur-containing products; **AND**
Prescription acne cleansers: Brand or generic topical benzoyl peroxide- or sulfacetamide/sulfur-containing products
Note: See Appendix A for examples of prescription topical acne products and prescription acne cleansers.

Step 2: Acne kits (Clindacin ETZ, Clindacin PAC)

Topical Acne – Kits 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 prescription topical acne product (Step 1) AND one prescription acne cleanser (Step 1), approve a Step 2 Product.

REFERENCES

1. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2026. Available at: <https://fco.factsandcomparisons.com/lco/action/home>. Accessed on April 7, 2026. Search terms: benzoyl peroxide, clindamycin, sulfacetamide/sulfur.

- Clinical Pharmacology © 2026. Available at <https://www.clinicalkey.com/pharmacology/>. Accessed on April 7, 2026. Search Terms: sulfur and sulfacetamide, clindamycin, benzoyl peroxide.
- Clindacin® ETZ Kit [prescribing information]. Fairfield, NJ: Medimetriks; September 2022.
- Clindacin® PAC Kit [prescribing information]. Fairfield, NJ: Medimetriks; November 2022.
- 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.	12/18/2024
Annual Revision	<p>Policy Statement: The following Note was added: For the purpose of this policy, a topical acne kit is defined as kit containing a prescription topical antibiotic.</p> <p>Clindavix Kit (clindamycin phosphate topical solution 1% and Dynashield [dimethicone 1.8%, zinc oxide 2%]): Removed from Step 2; obsolete for greater than 3 years.</p>	12/03/2025
Early Annual Revision	No criteria changes.	04/08/2026

Appendix A

Examples of Prescription Topical Acne Products (not cleansers).

Generic name	Trade names (examples)
Adapalene	Differin®
Azelaic Acid	Azelex®
Benzoyl peroxide	Inova® Easy Pad®
Benzoyl peroxide/clindamycin	Acanya®, BenzaClin®
Benzoyl peroxide/erythromycin	Benzamycin®
Benzoyl peroxide/salicylic acid	Inova® 4/1 Easy Pad, Inova® 8/2 Easy Pad
Clindamycin phosphate	Cleocin T®, Evoclin®
Clindamycin/tretinoin	Veltin™, Ziana®
Dapsone	Aczone®
Sulfacetamide	Klaron®
Sulfacetamide/sulfur	Avar-e™, Avar-e® LS, Plexion® TS

Note: This is not an all-inclusive list. Refer to *Topical Acne Products Step Therapy Policy* for additional examples.

Examples of Prescription Acne Cleansers.

Generic name	Trade names (examples)
Benzoyl peroxide	Pacnex® 7% wash, Pacnex® HP, Pacnex® LP
Sulfacetamide/sulfur	Avar™, Avar™ LS, Plexion®, Sumadan™, Sumadan™ XLT, Sumaxin®, Sumaxin® CP, Sumaxin® TS [cleanser]

Note: This is not an all-inclusive list. Refer to *Topical Acne – Cleansers Step Therapy Policy* for additional examples.

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