



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Zelsuvmi (berdazimer topical gel)	Page:	1 of 2
Effective Date:	10/25/2024	Last Review Date:	01/26/2024
Applies to:	<input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Michigan	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Florida Kids <input checked="" type="checkbox"/> Virginia	<input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids <input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Zelsuvmi under the patient’s prescription drug benefit.

Description:

FDA-Approved Indication

Zelsuvmi is indicated for the topical treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older.

Applicable Drug List:

Zelsuvmi

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of molluscum contagiosum (MC)

AND

- The patient is 1 year of age or older

AND

- The requested drug will not be used on the same lesions for more than 12 weeks

AND

- The request is NOT for continuation of therapy

OR

- The request is for continuation of therapy

AND

- The patient has achieved or maintained a positive clinical response to the requested drug (e.g., clearance of or reduction in the number of lesions with prior treatment)

AND

- If additional quantities are being requested, then the requested drug is being prescribed to treat a number of lesions that requires more than 1 carton per 28 days.

Approval Duration and Quantity Restrictions:

Initial Approval: 3 Months

Renewal Approval: 12 Months

Quantity Level Limit: 1 carton per 28 days;

For a number of lesions requiring more than 1 carton per 28 days: 2 cartons per 28 days



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References:

1. Zelsuvmi [package insert]. Wilmington, DE: EPIH SPV, LLC; January 2024.
2. Centers for Disease Control and Prevention. Molluscum contagiosum, May 11, 2015. Accessed January 10, 2024. <https://www.cdc.gov/poxvirus/molluscum-contagiosum/>
3. American Academy of Dermatology Association. Molluscum contagiosum, November 6, 2023. Accessed January 10, 2024. <https://www.aad.org/public/diseases/a-z/molluscum-contagiosum-overview>
4. Hebert AA, Bhatia N, Del Rosso JQ. Molluscum Contagiosum: Epidemiology, Considerations, Treatment Options, and Therapeutic Gaps. *J Clin Aesthet Dermatol*. 2023 Aug;16(8 Suppl 1):S4-S11.
5. Sugarman JL, Hebert A, Browning JC, et al. Berdazimer gel for gel for molluscum contagiosum: An integrated analysis of 3 randomized controlled trials. *J Am Acad Dermatol*. Published online October 5, 2023
6. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Chemical Hazards Emergency Medical Management. September 5, 2023. Available at: <https://chemm.hhs.gov/burns.htm>. Accessed January 12, 2024.