

Molluscum Contagiosum

Goal(s):

- Ensure that medications for molluscum contagiosum (MC) are used appropriately for OHP-funded conditions.
- Define medically appropriate and necessary therapy supported by the medical literature for members covered under the EPSDT program.

Length of Authorization:

- Up to 12 weeks

Requires PA:

- Cantharidin (pharmacy and provider administered claims) and berdazimer for pharmacy claims.

Table 1. FDA-Approved Dosing

| Product Name (BRAND NAME) | Indication | Dosing and Duration | Maximum Duration |
|---------------------------|---|---|------------------|
| Cantharidin (YCANTH) | Topical treatment of molluscum contagiosum in adults and pediatric patients 2 years of age and older. | Apply a single application directly to each lesion every 3 weeks as needed; do not use more than 2 applicators during a single treatment session. | 4 treatments |
| Berdazimer (ZELSUVMI) | Topical treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older. | Apply a thin even layer once daily to each lesion | 12 weeks |

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria

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|--|----------------------|---|
| 1. What diagnosis is being treated? | Record ICD10 code. | |
| 2. Is this an FDA approved indication for the age and diagnosis submitted? | Yes: Go to #3 | No: Pass to RPh. Deny; medical appropriateness |

| Approval Criteria | | |
|---|--|--|
| 3. Is the diagnosis funded by OHP? | Yes: Go to #4 | No: If not eligible for EPSDT review, Pass to RPh. Deny; not funded by the OHP. If eligible for EPSDT Review, Go to #4 |
| 4. Have the patient's lesions been present and unresolved for 6 months or longer? | Yes: Go to #5 | No: Pass to RPh. Deny; medical appropriateness |
| 5. Have the patient's lesions been previously treated with the requested agent? | Yes: Go to #6 | No: Go to #7 |
| 6. Has the patient already received the maximum duration of therapy recommended in Table 1 ? <ul style="list-style-type: none"> 4 or more treatment doses of cantharidin OR 12 or more weeks of berdazimer | Yes: Pass to RPh. Deny; medical appropriateness | No: Go to #7 |
| 7. Is the requested agent being prescribed by or in consultation with a dermatologist? | Yes: Go to #8 | No: Pass to RPh. Deny; medical appropriateness |
| 8. Has the provider performed an objective baseline assessment and determined one of the following: <ul style="list-style-type: none"> The molluscum contagiosum lesions are extremely troublesome (e.g. pain, itching, etc.) OR Patient is immunocompromised. | Yes: Go to #9 | No: Pass to RPh. Deny; medical appropriateness |
| 9. Is the requested agent being used to treat lesions in or near the mouth, eyes, or mucosal tissues? | Yes: Pass to RPh. Deny; medical appropriateness | No: Go to #10 |
| 10. Is the agent requested being used in combination with another treatment modality for MC (e.g. cryotherapy, curettage, or another agent listed in Table 1)? | Yes: Pass to RPh. Deny; medical appropriateness | No: Approve for up to 12 weeks Cumulative treatment not to exceed 12 weeks of therapy. |