

## Pharmacy Policy Bulletin

---

**Title:** Cosmetic Policy

**Policy #:** FS.CLIN.116

---

***Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.***

***This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This pharmacy policy will be reviewed regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.***

***Members are advised to use participating pharmacies in order to receive the highest level of benefits.***

### ▶ Intent

There are drugs that have been approved by the Food and Drug Administration (FDA) solely for the use of cosmetic purposes (e.g. wrinkles and hair loss). If the FDA approval is solely for a cosmetic condition or procedure it is considered a benefit contract exclusion and therefore, not a covered pharmacy benefit.

Drugs may be approved by the FDA for multiple conditions; if one of these conditions is considered by the company to be cosmetic in nature the company reserves the right to place a prior authorization on the medication before it is dispensed to evaluate medical necessity for the drug. The prescriber may submit documentation demonstrating medical necessity for review. If the condition at the time of review is considered to be cosmetic, it is a benefit contract exclusion and therefore, not a covered pharmacy benefit. Otherwise, all other limitations and/or requirements as dictated by the individual member's benefit will apply.

### ▶ Description:

Cosmetic is defined as those drugs prescribed to improve an individual's physical appearance, from which no significant improvement in physiologic function can be expected. Emotional and /or psychological improvement alone does not constitute improvement in physiologic function.

Acne and acne related conditions are not considered cosmetic. Due to the nature of the disease process acne can become inflamed or infected and therefore needs to be treated. Tretinoin products are commonly used to treat acne and therefore excluded from cosmetic definition and will be covered by the plan for the treatment of acne and acne related conditions.

### ▶ Policy

Drugs considered to be cosmetic or drugs whose use as requested is deemed to be cosmetic will be considered a benefit contract exclusion and therefore not a covered benefit.

### ▶ Guidelines

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

### **BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any products that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

## References

Facts and Comparisons website [Propecia]. Available at [www.factsandcomparisons.com](http://www.factsandcomparisons.com). Accessed May 5, 2011.

Egrifta [package insert]. Rockland MA: EMD Serono; 2010

Facts and Comparisons website [Tretinoin]. Available at [www.factsandcomparisons.com](http://www.factsandcomparisons.com). Accessed May 5, 2011.

Refissa [package insert]. Mississauga, Ontario: Valeant Pharmaceuticals; 2011

## Applicable Drugs

**i** Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Drug Name	Indication	Strength and/or formulation
Tesamorelin (Egrifta <sup>®</sup> )	Reduction of excess abdominal fat in HIV-infected patients with lipodystrophy.	All
Renova <sup>®</sup>	Adjunctive agent for use in the mitigation (palliation) of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin in patients who do not achieve such palliation using comprehensive skin care and sun avoidance programs alone	All
Refissa <sup>®</sup>	Adjunctive agent for use in the mitigation (palliation) of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin in patients who do not achieve such palliation using comprehensive skin care and sun avoidance programs	All
Propecia <sup>®</sup>	Treatment of male pattern hair loss (androgenetic alopecia)	All
Hydroquinone (including hydroquinone containing products; e.g. Lustra <sup>®</sup> , Tri-Luma <sup>®</sup> )	Hyperpigmented skin	All

## Cross References

---

**Policy version number:** 1.0  
**P&T approval date:** 9/8/2011  
**Policy effective date:** 12/1/2011  
**Next required review date:** 9/8/2012

The Policy Bulletins on this website were developed to assist Independence Blue Cross ("IBC") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an IBC member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. IBC does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of IBC. If you have a specific medical condition, please consult with your doctor. IBC reserves the right at any time to change or update its Policy Bulletins. © 2011 Independence Blue Cross. All Rights Reserved.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association