

Zelsuvmi (berdazimer) Effective 12/01/2025			
Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type  <input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

### Overview

Zelsuvmi (berdazimer) is a nitric oxide (NO) releasing agent indicated for the topical treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older. Zelsuvmi should be applied once daily to each MC lesion for up to 12 weeks.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all the following criteria are met:

1. Diagnosis of molluscum contagiosum
2. Member is 1 year of age or older
3. Member has single or multiple, 2- to 5-mm-diameter, flesh-colored to translucent, dome-shaped papules, some with central umbilication
4. Member meets at least ONE of the following:
  - a. Member has eczema (e.g., atopic dermatitis)
  - b. Member is immunocompromised
  - c. Member has extensive involvement or experiences bleeds, secondary infections or discomfort from the lesions
5. Member is treating new lesions have not resolved within six months of diagnosis AND have not previously been treated with Zelsuvmi
6. Requested medication is not being used concurrently with other FDA approved therapies (e.g., Ycanth)

### Limitations

1. Approvals will be granted for 12 weeks
2. Requests for continuation of therapy will be reviewed against initial criteria.
3. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Zelsuvmi gel	1 kit per 30 days

## References

1. American Academy of Pediatrics. Molluscum contagiosum. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021: 535-537.
2. Browning JC, Enloe C, Cartwright M, et al. Efficacy and safety of topical nitric oxide-releasing berdazimer gel in patients with molluscum contagiosum: a phase 3 randomized clinical trial. *JAMA Dermatol*. 2022;158(8):871-878.
3. Eichenfield LF, McFalda W, Brabec B, et al. Safety and efficacy of vp-102, a proprietary, drug-device combination product containing cantharidin, 0.7% (w/v), in children and adults with molluscum contagiosum: two phase 3 randomized clinical trials. *JAMA Dermatol*. 2020 Dec 1;156(12):1315-1323.
4. Forbat E, Al-Niaimi F, Ali FR. Molluscum contagiosum: review and update on management. *Pediatr Dermatol*. 2017 Sep;34(5):504-515.
5. Zelsuvmi (berdazimer) [prescribing information]. Durham, NC: EPIH SPV, LLC; January 2024.

## Review History

09/10/2025 – Created and reviewed at September P&T. Effective 12/1/2025.

