

Drug Policy

Policy: CC	Topical Corticosteroids Preferred Step Therapy Policy	Annual Review Date: 05/16/2024 Last Revised Date: 05/16/2024
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OVERVIEW

Topical corticosteroids are adrenocorticosteroid derivatives incorporated into a vehicle appropriate for application to the skin and external mucous membranes. Chemical modifications to the steroid structure are used to increase lipid solubility and potency and decrease mineralocorticoid effects. The topical corticosteroids possess anti-inflammatory, antipruritic, and vasoconstrictive properties. Skin diseases that are responsive to topical corticosteroids usually have an inflammatory, hyperproliferative, and/or immunologic component.

Topical corticosteroids are, in general, indicated for symptomatic relief of inflammation and/or pruritus associated with acute and chronic corticosteroid-responsive skin disorders (dermatoses).

POLICY STATEMENT

This program has been developed to encourage the use of two prescription Step 1a Products prior to the use of a Step 2a Product (Duobrii is not included). A trial of one prescription Step 1b Product is required prior to the use of Duobrii (Step 2b). If the Step Therapy rule is not met for a Step 2 Product (a or b) at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a history of two prescription Step 1a Products within the 130-day look-back period is excluded from Step Therapy (Note: Duobrii is not included in this Step). For Duobrii (Step 2b), a patient with a history of one prescription Step 1b Product within the 130-day look-back period is excluded from Step Therapy.

Step 1a/2a

Step 1a generic topical corticosteroid products: Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Alclometasone 0.05% ointment/cream • Betamethasone dipropionate 0.05% lotion/cream/ointment • Betamethasone dipropionate, augmented 0.05% cream/ointment/lotion • Betamethasone valerate 0.1% cream/lotion/ointment • Clobetasol propionate 0.05% cream/emollient cream/gel/ointment/solution • Desonide 0.05% cream/ointment • Fluocinolone acetonide 0.01% cream/solution • Fluocinolone acetonide 0.025% cream/ointment • Fluocinolone acetonide 0.01% topical oil 	<ul style="list-style-type: none"> • Halobetasol propionate 0.05% cream/ointment • Hydrocortisone 2% lotion • Hydrocortisone 1% cream/lotion/ointment/solution • Hydrocortisone 2.5% cream/lotion/ointment • Hydrocortisone butyrate 0.1% cream/emollient cream • Hydrocortisone valerate 0.2% cream/ointment • Mometasone furoate 0.1% cream/solution/ointment • Prednicarbate 0.1% cream/ointment • Triamcinolone acetonide 0.025% cream/lotion/ointment
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<ul style="list-style-type: none"> • Fluocinonide 0.05% cream/emollient cream/gel/ointment/solution • Fluticasone propionate 0.05% cream • Fluticasone propionate 0.005% ointment 	<ul style="list-style-type: none"> • Triamcinolone acetonide 0.1% cream/lotion/ointment • Triamcinolone acetonide 0.5% cream/ointment
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Step 2a topical corticosteroid products: Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Ala-Scalp HP • Amcinonide 0.1% cream/lotion/ointment • Analpram HC 2.5%/1% cream, lotion • Betamethasone valerate 0.12% foam • Capex 0.01% topical shampoo • Clobetasol propionate 0.05% foam/shampoo/ spray/lotion • Clobex 0.05% shampoo • Clobex 0.05% spray • Clobex 0.05% topical lotion • Clodan 0.05% kit • Cordran 0.05% lotion/ointment • Cordran SP 0.05% cream • Cordran 4 mcg/sq cm tape • Cutivate 0.05% lotion/cream • Derma-Smoothe/FS Scalp Oil • Dermasorb HC • Dermasorb TA • Dermatop 0.1% ointment/cream • Desonide 0.05% gel and lotion • Desonate 0.05% gel • Desowen 0.05% cream kit • Desowen 0.05% lotion kit • Desoximetasone 0.05% cream/gel/ointment • Desoximetasone 0.25% cream/ointment • Diprolene 0.05% ointment/lotion • Diprolene AF 0.05% cream • Elocon 0.1% ointment/cream/solution • Epifoam • Fluocinonide 0.1% cream • Flurandrenolide 0.05% cream/lotion/ointment • Fluticasone propionate 0.05% lotion 	<ul style="list-style-type: none"> • Hydrocortisone butyrate 0.1% lotion/ointment/solution • Hydrocortisone-pramoxine 2.5%-1% cream • Impoyz 0.025% cream • Kenalog Aerosol Spray • Luxiq 0.12% foam • Nolix 0.05% cream/lotion (branded generic product) • Olux 0.05% foam • Olux-E 0.05% foam • Pandel 0.1% cream • Pediaderm HC 2% Complete Kit • Pediaderm TA 0.1% Complete Kit • Pramosone 1%/1% lotion • Pramosone 2.5%/1% cream, lotion • Proctofoam HC 1%/1% • Psorcon 0.05% cream • Scalacort DK Kit • Synalar 0.025% cream/ointment • Synalar 0.01% solution • Synalar TS Kit • Temovate 0.05% cream/ointment • Texacort 2.5% solution • Triamcinolone acetonide 0.05% ointment • Triamcinolone acetonide aerosol spray • Trianex 0.05% ointment (branded generic product) • Triderm 0.5% cream (branded generic product) • Tridesilon cream 0.05%
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Step 1b generic topical corticosteroid products: Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Alclometasone 0.05% ointment/cream • Betamethasone dipropionate 0.05% lotion/cream/ointment • Betamethasone dipropionate, augmented 0.05% cream/ointment/lotion • Betamethasone valerate 0.1% cream/lotion/ointment • Clobetasol propionate 0.05% cream/emollient cream/gel/ointment/solution • Desonide 0.05% cream/ointment • Fluocinolone acetonide 0.01% solution • Fluocinolone acetonide 0.025% ointment • Fluocinolone acetonide 0.01% topical oil • Fluocinonide 0.05% emollient gel/ointment/solution • Fluticasone propionate 0.05% cream • Fluticasone propionate 0.005% ointment 	<ul style="list-style-type: none"> • Halobetasol propionate 0.05% cream/ointment • Hydrocortisone 2% lotion • Hydrocortisone 1% cream/lotion/ointment/solution • Hydrocortisone 2.5% cream/lotion/ointment • Hydrocortisone butyrate 0.1% cream/emollient cream • Hydrocortisone valerate 0.2% cream/ointment • Mometasone furoate 0.1% cream/solution/ointment • Prednicarbate 0.1% cream/ointment • Triamcinolone acetonide 0.025% cream/lotion/ointment • Triamcinolone acetonide 0.1% cream/lotion/ointment • Triamcinolone acetonide 0.5% cream/ointment
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CRITERIA

Step 2a topical corticosteroid products

1. If the patient has tried two prescription Step 1a Products for the *current* condition, approve a Step 2a Product.

Initial Approval/ Extended Approval.

A) *Initial Approval:* 1 year (365 days)

B) *Extended Approval:* 1 year (365 days)

Step Therapy Exception Criteria

In certain situations, the patient is not required to trial preferred products. Approve for 1 year if the patient meets the following (A, B, or C):

- A. The patient has an atypical diagnosis and/or unique patient characteristics which prevent use of all preferred products. If so, please list diagnosis and/or patient characteristics **[documentation required]; OR**
- B. The patient has a contraindication to all preferred products. If so, please list the contraindications to each preferred product **[documentation required]; OR**
- C. The patient is continuing therapy with the requested non-preferred product after being stable for at least 90 days [verification in prescription claims history required] or, if not available, [verification by prescribing physician required] AND meets ONE of the following:

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1. The patient has at least 130 days of prescription claims history on file and claims history supports that the patient has received the requested non-preferred product for 90 days within a 130-day look-back period AND there is no generic equivalent available for the requested nonpreferred product (i.e. AA-rated or AB-rated to the requested nonpreferred product); OR
2. When 130 days of the patient's prescription claims history file is unavailable for verification, the prescriber must verify that the patient has been receiving the requested non-preferred product for 90 days AND that the patient has been receiving the requested non-preferred product via paid claims (i.e. the patient has NOT been receiving samples or coupons or other types of waivers in order to obtain access to the requested non-preferred product) AND there is no generic equivalent available for the requested nonpreferred product (i.e. AA-rated or AB-rated to the requested nonpreferred product).

Documentation Required: When documentation is required, the prescriber must provide written documentation supporting the trials of these other products, noted in the criteria as [documentation required]. Documentation should include chart notes, prescription claims records, and/or prescription receipts.

Approval Duration: All approvals for continuation of therapy are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Facts and Comparisons® eAnswers. Wolters Kluver; 2020. Available at: <http://fco.factsandcomparisons.com/lco/action/home;jsessionid=67902c2171151c4f43159771c4ec>. Accessed on July 13, 2021. Search terms: topical corticosteroids.
2. Ference JD. Choosing topical corticosteroids. *Am Fam Physician*. 2009;79(2):135-140.