

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Corticosteroids, Topical PDL Edit
<b>First Implementation Date:</b>	June 21, 2012
<b>Proposed Date:</b>	April 18, 2023
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Topical corticosteroids are used for a variety of inflammatory skin conditions, including atopic dermatitis, seborrheic dermatitis, eczema, and plaque psoriasis. Pharmacotherapy choices for these conditions typically include emollients and topical corticosteroids. Emollients play a vital role in the treatment of atopic dermatitis; however, topical steroids are the standard of care to which other treatments are compared. The selected potency should depend on the severity and location of disease. These agents control symptoms such as swelling, skin cracking, weeping, crusting, and scaling. This PDL class includes all potency classes and does not require additional criteria to gain access to or move from one group to another.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> <li>Anusol-HC™</li> <li>Betamethasone Dip Lot</li> <li>Betamethasone Val Crm/Lot/Oint</li> <li>Clobetasol Emollient Crm</li> <li>Clobetasol Prop Crm/Gel/Oint/Soln</li> <li>Fluocinolone Scalp Oil</li> <li>Fluticasone Prop Crm/Oint</li> <li>Hydrocortisone Crm/Lot/Oint Rx</li> <li>Hydrocortisone Crm/Oint OTC</li> <li>Mometasone</li> <li>Procto-Med HC™</li> <li>Proctosol-HC®</li> <li>Proctozone-HC®</li> <li>Triamcinolone Crm/Lot/Oint (excluding gen Trianex®)</li> </ul>	<ul style="list-style-type: none"> <li>Ala-Scalp®</li> <li>Alclometasone Dip</li> <li>Amcinonide</li> <li>Apexicon E®</li> <li>Aqua Glycolic® HC Kit</li> <li>Beser™</li> <li>Betamethasone Dip Aug Crm/Gel/Lot/Oint</li> <li>Betamethasone Dip Crm/Oint</li> <li>Betamethasone Val Foam</li> <li>Bryhali®</li> <li>Clobetasol Emollient Foam</li> <li>Clobetasol Prop Foam/Lot/Shampoo/Spray</li> <li>Clocortolone</li> <li>Clodan®</li> <li>Cloderm®</li> <li>Cordran®</li> <li>Cutivate®</li> <li>Derma-Smoothe/FS®</li> </ul>

- Dermatop®
- Desonate®
- Desonide
- Desoximetasone
- Diflorasone Crm/Oint
- Diprolene®
- Elocon®
- Fluocinolone Body Oil/Crm/Oint/Soln
- Fluocinonide
- Fluocinonide Emollient
- Flurandrenolide
- Fluticasone Prop Lot
- Halcinonide
- Halobetasol
- Halog®
- Hydrocortisone Absorbbase Rx
- Hydrocortisone Butyrate
- Hydrocortisone Lot OTC
- Hydrocortisone Valerate
- Hydrocortisone/Aloe
- Impeklo®
- Impoyz®
- Kenalog®
- Lexette®
- Locoid®
- Locoid Lipocream®
- Luxiq®
- Micort-HC®
- Nolix®
- Nucort®
- Olux®
- Olux-E®
- Pandel®
- Prednicarbate
- Procto-Pak™
- Sernivo®
- Synalar®
- Temovate®
- Texacort®
- Topicort®
- Tovet®
- Triamcinolone 0.05% Oint (gen Trianex®)
- Triamcinolone Acet Aerosol
- Trianex®
- Triderm™
- Tridesilon®
- Ultravate®
- Ultravate® X
- Vanos®
- Verdeso®

*SmartPA PDL Proposal Form*

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Type of Criteria:  Increased risk of ADE  
 Appropriate Indications

Preferred Drug List  
 Clinical Edit

Data Sources:  Only Administrative Databases

Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Corticosteroids, Topical
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents
  - Documented trial period of preferred agents **OR**
  - Documented ADE/ADR to preferred agents

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)  
Rule Type: PDL

## Default Approval Period

1 year

## References

- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: DERMATOLOGIC AGENTS: Topical Corticosteroids", Gainwell Technologies; Last updated February 10, 2023.
- Evidence-Based Medicine Analysis: "Topical Corticosteroids", UMKC-DIC; Last updated January 2023.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.