



SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids, Topical PDL Edit	
First Implementation Date:	June 21, 2012	
Proposed Date:	March 18, 2021	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	□Existing Criteria ☑Revision of Existing Criteria □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 an important 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

SmartPA PDL Proposal Form

- Cloderm[®]
- Cordran[®]
- Cutivate[®]
- Derma-Smoothe/FS®
- Dermatop[®]
- Desonate[®]
- Desonide
- Desowen[®]
- Desoximetasone
- Diflorasone Crm/Oint
- Diprolene[®]
- Elocon[®]
- Fluocinolone
- Fluocinonide
- Fluocinonide Emollient
- Flurandrenolide
- Fluticasone Prop Lot
- Halcinonide
- Halobetasol
- Halog[®]
- Hydrocortisone Absorbase 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[®]
- Pediaderm[™]
- Prednicarbate
- Procto-Pak[™]
- Psorcon[®]
- Sernivo[™]
- Synalar®
- Temovate[®]
- Texacort[™]
- Topicort[®]
- Tovet[™]
- Triamcinolone 0.05% Oint (gen Trianex®)
- Triamcinolone Acet Aerosol
- Trianex[®]
- Triderm[™]



		Tridesilon®	
		Ultravate® Ultravate® Y	
		Ultravate® X Vanos®	
		Varios® Verdeso®	
		Verdeso ^s	
Type of Criteria:	☐ Increased risk of ADE	□ Preferred Drug List	
Type of efficient	☐ Appropriate Indications	☐ Clinical Edit	
	Appropriate indications	- Official 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	a		
 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 Resul MedWatch Form:	ts: Progress Notes:		
Disposition of E	dit		
Denial: Exception Rule Type: PDL	Code "0160" (Preferred Drug List)		
Default Approval Period			
1 year			

References

- 1. Evidence-Based Medicine and Fiscal Analysis: "Topical Corticosteroids Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
- 2. Evidence-Based Medicine Analysis: "Topical Corticosteroids for Dermatological Disorders", UMKC-DIC; January 2021.
- 3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
- 4. USPDI, Micromedex; 2021.
- 5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.

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