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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anusol-HC™</td>
<td>• Ala-Scalp®</td>
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<tr>
<td>• Betamethasone Dip Lot</td>
<td>• Alclometasone Dip</td>
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<tr>
<td>• Betamethasone Val Crm/Lot/Oint</td>
<td>• Amcinonide</td>
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<tr>
<td>• Clobetasol Emollient Crm</td>
<td>• Apexicon E®</td>
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<tr>
<td>• Clobetasol Prop Crm/Gel/Oint/Soln</td>
<td>• Aqua Glycolic® HC Kit</td>
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<tr>
<td>• Difloraasone Oint</td>
<td>• Beser™</td>
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<tr>
<td>• Fluticasone Prop Crm/Oint</td>
<td>• Betamethasone AF Crm</td>
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<tr>
<td>• Hydrocortisone Crm/Lot/Oint Rx</td>
<td>• Betamethasone Dip Aug Crm/Gel/Lot/Oint</td>
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<tr>
<td>• Hydrocortisone Crm/Oint OTC</td>
<td>• Betamethasone Dip Crm/Oint</td>
</tr>
<tr>
<td>• Mometasone</td>
<td>• Betamethasone Val Foam</td>
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<tr>
<td>• Procto-Med HC</td>
<td>• Bryhali™</td>
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<tr>
<td>• Proctosol-HC®</td>
<td>• Capex®</td>
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<tr>
<td>• Proctozone-HC™</td>
<td>• Clobetasol Emollient Foam</td>
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<tr>
<td>• Triamcinolone Crm/Lot/Oint (excluding gen Trianex®)</td>
<td>• Clobetasol Prop Foam/Lot/Shampoo/Spray</td>
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<tr>
<td></td>
<td>• Clobex®</td>
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<td></td>
<td>• Clocortolone</td>
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<td>• Clodan®</td>
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</tbody>
</table>
- Cloderm®
- Cordran®
- Cultivate®
- Derma-Smoother/FS®
- Dermatop®
- Desonate®
- Desonide
- Desowen®
- Desoximetasone
- Diflorasone
- 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
- Impoyz™
- Kenalog®
- Lexette™
- Locoid®
- Locoid Lipocream®
- Luxiq®
- Micort-HC®
- Nolix™
- Nucort™
- Olux®
- Olux-E®
- Pandel®
- Pediaderm™
- Prednicarbate
- Procto-Pak
- Psorcon®
- Scalpicin®
- Sernivo™
- Synalar®
- Temovate®
- Texacort™
- Topicos®

**Tovet™**
- Triamcinolone 0.05% Oint (gen Trianex®)
- Triamcinolone Acetonide Aerosol
- Trianex®
Type of Criteria: ☒ Preferred Drug List  ☐ Increased risk of ADE  ☐ Appropriate Indications  ☐ Clinical Edit

Data Sources: ☒ Databases + Prescriber-Supplied  ☐ Only Administrative Databases

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 no approval criteria are met

Required Documentation

- Laboratory Results:
- Progress Notes:
- MedWatch Form: ☐
- Other: ☐

Disposition of Edit

- Denial: Exception Code “0160” (Preferred Drug List)
- Rule Type: PDL

Default Approval Period

- 1 year

References

4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.