

SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids, Topical PDL Edit
First Implementation Date:	June 21, 2012
Revised Date:	December 8, 2022
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<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 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:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> Anusol-HC® Betamethasone Dip Lot Betamethasone Val Crm/Lot/Oint Clobetasol Emollient Crm Clobetasol Prop Crm/Gel/Oint/Soln Fluocinolone Scalp Oil Fluticasone Prop Crm/Oint Hydrocortisone Crm/Lot/Oint Rx Hydrocortisone Crm/Oint OTC Mometasone Procto-Med HC™ Proctosol-HC® Proctozone-HC® Triamcinolone Crm/Lot/Oint (excluding gen Trianex®) 	<ul style="list-style-type: none"> Ala-Scalp® Alclometasone Dip Amcinonide Apexicon E® Aqua Glycolic® HC Kit Beser™ Betamethasone Dip Aug Crm/Gel/Lot/Oint Betamethasone Dip Crm/Oint Betamethasone Val Foam Bryhali® Clobetasol Emollient Foam Clobetasol Prop Foam/Lot/Shampoo/Spray Clocortolone Clodan® Cloderm® Cordran® Cutivate®

	<ul style="list-style-type: none"> • Derma-Smoothe/FS® • 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®
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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: "Topical Corticosteroids – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Topical Corticosteroids", UMKC-DIC; January 2022.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.