



## SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids – Topical PDL Edit		
First Implementation Date:	June 21, 2012		
Proposed Date:	March 19, 2020		
Prepared For:	MO HealthNet		
Prepared By:	MO HealthNet/Conduent		
Criteria Status:	<ul> <li>□Existing Criteria</li> <li>⊠Revision of Existing Criteria</li> <li>□New Criteria</li> </ul>		

## **Executive Summary**

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

Why Issue 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.

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Program-Specific	Preferred Agents	Non-Preferred Agents
Information:	Betamethasone Dip Lot	Ala-Scalp <sup>®</sup>
	<ul> <li>Betamethasone Val Crm/Lot/Oint</li> </ul>	Alclometasone
	Clobetasol Emollient Crm	Amcinonide
	Clobetasol Prop Crm/Gel/Oint/Soln	Apexicon E <sup>®</sup>
	Diflorasone Oint	• Beser <sup>™</sup>
	Fluticasone Prop Crm/Oint	Betamet Dip Aug Crm/Lot/Oint
	<ul> <li>Hydrocortisone Crm/Lot/Oint Rx</li> </ul>	Betamethasone AF Crm
	<ul> <li>Hydrocortisone Crm/Oint OTC</li> </ul>	Betamethasone Crm/Gel/Oint
	Mometasone Crm/Lot/Oint	Betamethasone Val Foam
	<ul> <li>Proctosol-HC<sup>®</sup></li> </ul>	• Bryhali™
	Triamcinolone Crm/Oint/Lot	• Capex <sup>®</sup>
	(excluding gen Trianex <sup>®</sup> )	Clobetasol Emulsion Foam
		Clobetasol Prop Foam/Lot/
		Shampoo/Spray
		Clobex <sup>®</sup>
		Clocortolone
		Clodan <sup>®</sup>
		Cloderm <sup>®</sup>
		Cordran <sup>®</sup>

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

## SmartPA PDL Proposal Form

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	•	Desoximetasone
	•	Diflorasone Crm
	•	Diprolene®
	•	Elocon®
	•	Fluocinolone Crm/Oil/Oint/Soln
	•	Fluocinonide
	•	Fluocinonide Emollient
	•	Flurandrenolide
	•	Fluticasone Lot
	•	Halcinonide
	•	Halobetasol
	•	Halog®
	•	Hydrocortisone Absorbase Rx
	•	Hydrocortisone Buty Crm/Emol/Lot/
	•	Oint/Soln
	•	Hydrocortisone Lot OTC
	•	Hydrocortisone Val Crm/Oint
	•	Hydrocortisone/Aloe
	•	Impoyz™
	•	Kenalog <sup>®</sup> Aerosol
	•	Lexette™
	•	Locoid®
	•	Locoid <sup>®</sup> Lipocream
	•	Luxiq®
	•	Micort-HC <sup>®</sup>
	•	Nolix™
	•	Nucort™
	•	Olux®
	•	Olux-E®
	•	Pandel®
	•	Prednicarbate
	•	Psorcon <sup>®</sup>
	•	Scalpicin <sup>®</sup>
	•	Sernivo™
	•	Synalar®
	•	Temovate <sup>®</sup>
	•	Texacort™
	•	Topicort®
	•	Tovet™
	•	Triamcinolone 0.05% Oint (gen
		Trianex <sup>®</sup> )
	•	Triamcinolone Acetonide Aerosol
	•	Trianex®
	•	Triderm™
	•	Tridesilon®
	•	Ultravate®
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		Ultravate <sup>®</sup> X     Vanos <sup>®</sup> Vardeas <sup>®</sup>			
Type of Criteria:	<ul> <li>☐ Increased risk of ADE</li> <li>☐ Appropriate Indications</li> </ul>	Verdeso®     Preferred Drug List     Clinical Edit			
Data Sources:	□ Only Administrative Databases	☑ Databases + Prescriber-Supplied			
Setting & Popula	ation				
<ul> <li>Drug class for review: Corticosteroids – Topical</li> <li>Age range: All appropriate MO HealthNet participants</li> </ul>					
Approval Criteri	a				
<ul> <li>Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents         <ul> <li>Documented trial period of preferred agents</li> <li>Documented ADE/ADR to preferred agents</li> </ul> </li> </ul>					
Denial Criteria					
<ul> <li>Lack of adequate trial on required preferred agents</li> <li>Therapy will be denied if no approval criteria are met</li> </ul>					
<b>Required Docun</b>	nentation				
Laboratory Results: Progress Notes: Other:					
Disposition of Edit					
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL					
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 2020.
- 2. Evidence-Based Medicine Analysis: "Topical Corticosteroids for Dermatological Disorders", UMKC-DIC; January 2020.
- 3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
- 4. USPDI, Micromedex; 2020.
- 5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.