

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2019 P 3033-8
Program	Step Therapy – Topical Steroids
Medication	Topical Steroids: Cordran (flurandrenolide) cream 0.05%, Cordran (flurandrenolide) lotion 0.05%, Cordran (flurandrenolide) ointment 0.05%, Cloderm (clocortolone pivalate) cream 0.1%, Halog (halcinonide) cream 0.1%, Halog (halcinonide) ointment 0.1%, Desonate (desonide gel) gel 0.05% Cultivate lotion (fluticasone propionate 0.05% lotion), Ultravate (halobetasol propionate) lotion 0.05%, Bryhali (halobetasol propionate) lotion 0.01%
P&T Approval Date	8/2014, 7/2015, 10/2015, 3/2016, 1/2017, 2/2018, 2/2019
Effective Date	5/1/2019; Oxford only: 5/1/2019

1. Background:

Topical steroids are commonly prescribed for the treatment of rash, eczema, and dermatitis. Topical steroids have anti-inflammatory properties, and are classified into different potency classes based on their vasoconstriction abilities. A vasoconstriction bioassay provides potency measurements that correlate with clinical potency. There are numerous topical steroid products.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try one or two lower cost alternative topical steroid before providing coverage for higher cost topical steroids. Generic equivalent medications for brands listed as a step 2 agent will also be targeted when available.

Class 1: Super Potent	Class 5: Lower Mid-Strength
Class 2: Potent	Class 6: Mild
Class 3: Upper Mid- Strength	Class 7: Least Potent
Class 4:Mid-Strength	

2. Coverage Criteria ^a:

A. Topical steroids will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to **two** step 1 medications in the lower-mid potency class:

Potency Class	Step 1 medications	Step 2 medications
Lower-mid (group V)	-hydrocortisone butyrate 0.1% ointment (generic Locoid ointment) -hydrocortisone valerate 0.2% cream (generic Westcort cream) -prednicarbate 0.1% cream (generic Dermatop cream) -prednicarbate 0.1% ointment (generic Dermatop ointment) -triamcinolone acetonide 0.1% lotion (generic Kenalog lotion) -triamcinolone acetonide 0.025% ointment (generic Kenalog ointment) -fluticasone propionate cream 0.05% (generic Cutivate cream)	-Cordran cream (flurandrenolide 0.05%) cream) -Cordran lotion (flurandrenolide 0.05% lotion) -Desonate (desonide 0.05% gel) - Cutivate lotion (fluticasone propionate 0.05% lotion)

2. History of failure, contraindication or intolerance to **one** step 1 medication in the Medium or Potent potency classes:

Medium (group IV)	-mometasone furoate cream 0.1% (generic Elocon)	- Cloderm cream (clocortolone pivalate 0.1% cream)
Medium (group IV)	-fluocinolone acetonide 0.025% ointment (generic Synalar)	-Cordran ointment (flurandrenolide 0.05% ointment)
Potent (group II)	-betamethasone dipropionate propylene glycol 0.05% cream (generic Diprolene AF) -fluocinonide 0.05% cream (generic Lidex cream)	-Halog cream (halcinonide 0.1%) -Halog ointment (halcinonide 0.1% ointment)

	-fluocinonide 0.05% ointment (generic Lidex ointment)	
<p>3. History of failure, contraindication or intolerance to both step 1 medications in the Super-high potency class:</p>		
Super Potent (group I)	-augmented betamethasone dipropionate 0.05% gel or lotion (generic Diprolene) -clobetasol propionate 0.05% gel or solution (generic Temovate)	-Ultravate (halobetasol propionate 0.05% lotion) -Bryhali (halobetasol propionate 0.01% lotion)
<p>Authorization will be issued for 12months.</p>		
<p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>		

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Tadicherla, Sujatha, et al. "Topical corticosteroids in dermatology." Journal of drugs in dermatology 8.12 (2009):1093-1105.
2. Psoriasis.org. 2014. Topical steroid potency chart - National Psoriasis Foundation. [online] Available at: <https://www.psoriasis.org/about-psoriasis/treatments/topicals/steroids/potency-chart> [Accessed: 5 Jan 2018].
3. Uptodate.com. 2018. Topical corticosteroids. [online] Available at: https://www.uptodate.com/contents/image?imageKey=DERM%2F62402&topicKey=DERM%2F5565&search=topical%20corticosteroid%20potency&rank=1~150&source=see_link [Accessed: 5 January 2018].
4. Menter, Alan, et al. "Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 3. Guidelines of care for the management and treatment of psoriasis with topical therapies." Journal of the American Academy of Dermatology 60.4 (2009):643-659.

Program	Step Therapy – Topical Steroids
Change Control	
Date	Change
8/2014	New program.
7/2015	Annual Review. Moved fluticasone to Step 2 in the lower-mid potency class. Updated references.
8/2015	Administrative update. Added Maryland Continuation of Care
10/2015	Moved fluticasone cream to step 1 agent in the lower-mid potency class. Added brand name Cutivate to fluticasone lotion.
3/2016	Added Cordran Ointment to the Step 2 medications in medium potency class with fluocinolone acetonide as Step 1 agent. Revised lower-mid potency to require trial and failure of two Step 1 drugs. Added California coverage information.
7/2016	Added HCR gender dysphoria language. Updated references. Added Indiana and West Virginia coverage information.
1/2017	Added Ultravate to the Step 2 medications in the super-potent class. State mandate reference language updated. State mandate reference language updated.
2/2018	Annual review. Updated references. No changes to criteria.
2/2019	Added Bryhali to the Step 2 medications in the super-potent class.