



Effective Date ..... 1/1/2021

Next Review Date... 1/1/2022

Coverage Policy Number ..... NPF177

## Drug Quantity Management – Per Days Hydrocortisone Butyrate Topical Products Duration Limit

### Table of Contents

NPF Coverage Policy .....	1
Background.....	2
References .....	2
Last Revision Details .....	3

### Related Coverage Resources

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### NPF Coverage Policy

#### Drugs Affected

- hydrocortisone butyrate cream 0.1% (Locoid®, Locoid Lipocream®)
- hydrocortisone butyrate lotion 0.1% (Locoid®)
- hydrocortisone butyrate solution 0.1% (Locoid®)

Table 1. Quantity Level Limits

Medication Name and Strength	Per Days Quantity Level Limit
Hydrocortisone butyrate cream 0.1% (Locoid®, Locoid Lipocream®, generics) – 15 gram tube, 45 gram tube, 60 gram tube	A quantity of 120 grams per 30 days
Hydrocortisone butyrate lotion 0.1% (Locoid®, generics) – 59 ml bottle, 118 ml bottle	A quantity of 118 ml per 30 days
Hydrocortisone butyrate solution 0.1% (Locoid®, generics) – 20 ml bottle, 60 ml bottle	A quantity of 120 ml per 30 days

This is enough drug to cover 8% of the body surface area when applying two times daily for one month

## Criteria

### **Cigna covers quantities as medically necessary when the following criteria are met:**

All approvals are provided for 12 months in duration.

#### **Locoid® cream, Locoid Lipocream®, generics**

1. For individuals needing to treat greater than 8% of body surface area or administering more frequently than two times a day, an override of up to 180 grams per month may be approved.

#### **Locoid® lotion, generics**

1. For individuals needing to treat greater than 8% of body surface area or administering more frequently than two times a day, an override of up to 177 ml per month may be approved.

#### **Locoid® solution, generics**

1. For individuals needing to treat greater than 8% of body surface area or administering more frequently than two times a day, an override of up to 180 ml per month may be approved.

## Conditions Not Covered

Any other exception is considered not medically necessary, including the following:

1. No overrides are recommended for use in compounded formulations.
2. No overrides are recommended for any other indications not listed in the prescribing information.

## **Background**

### **Overview**

Hydrocortisone butyrate cream, lipocream, and lotion are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses<sup>1-3</sup>. Hydrocortisone butyrate solution is indicated for the relief of inflammatory manifestations of seborrheic dermatitis.<sup>4</sup> Hydrocortisone butyrate cream, lipocream, and solution should be applied to the affected area two to three times daily. Hydrocortisone butyrate lotion should be applied to the affected area two times daily.

References related to the quantity of topical creams and ointments needed to treat the involved body surface area of various dermatoses estimate that between 85 - 135 grams of ointment or cream would be needed to cover a 9% BSA region when applying two times daily for one month<sup>5,6</sup>.

For coverage of additional quantities (for example, coverage of a larger surface area, more frequent administration), a coverage review is required. The objective of this program is to prevent stockpiling, misuse and/or overuse.

## **References**

1. Locoid cream, 0.1% [prescribing information]. Bridgewater, NJ: Onset Dermatologicals, LLC/Valeant Pharmaceuticals North America LLC; October 2018.
2. Locoid Lipocream, 0.1% [prescribing information]. Bridgewater, NJ: Onset Dermatologicals, LLC/Valeant Pharmaceuticals North America LLC; December 2018.
3. Locoid lotion, 0.1% [prescribing information]. Bridgewater, NJ: Onset Dermatologicals, LLC/Valeant Pharmaceuticals North America LLC; January 2018.
4. Locoid solution, 0.1% [prescribing information]. Bridgewater, NJ: Onset Dermatologicals, LLC/Valeant Pharmaceuticals North America LLC; May 2019.

5. Markova A, Cipriano, SD, Berger TG, et al. American Academy of Dermatology. (2011) Dermatologic therapies – Basic Dermatology Curriculum. Washington, DC.
6. Nelson A, Miller A, Fleischer A, Balkrishnan R, Feldman S. How much of a topical agent should be prescribed for children of different sizes? J Derm Treat 2006; 17:224-228.

## Last Revision Details

New Policy	Reviewed and approved at TAC	09/11/2019
------------	------------------------------	------------

---

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., QualCare, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2021 Cigna.