



STEP THERAPY POLICY

POLICY: Topical Corticosteroids Step Therapy Policy

Generic Name (example Brand Names)*	Strength	Topical Formulation
Alclometasone dipropionate	0.05%	cream, ointment
Amcinonide	0.1%	cream, lotion, ointment
Betamethasone dipropionate, augmented (Diprolene®)	0.05%	cream, gel, lotion, ointment
Betamethasone dipropionate (Diprolene®, Sernivo™ Spray)	0.05%	cream, lotion, ointment, spray
Betamethasone valerate (Luxiq®)	0.1%	cream, lotion, ointment
	0.12%	foam
Clobetasol propionate (Clobex®, Clodan®, Impeklo™, Impoyz™, Olux®, Olux-E®, Temovate®)	0.025%	cream
	0.05%	cream, foam, gel, lotion, ointment, shampoo, solution, spray
Clocortolone pivalate (Cloderm®)	0.1%	cream
Desonide (Desonate® [brand obsolete 2021], DesOwen®, Tridesilon™ [brand obsolete 2023], Verdeso®)	0.05%	cream, foam, gel, lotion, ointment
Desoximetasone (Topicort®)	0.05%	cream, gel, ointment
	0.25%	cream, ointment, spray
Diflorasone diacetate (Apexicon E®)	0.05%	cream, ointment
Fluocinolone acetonide (Capex®, Derma-Smoother/FS®, Synalar®)	0.01%	cream, body oil, scalp oil, solution
	0.025%	cream, ointment
Fluocinonide (Vanos®)	0.05%	cream, gel, ointment, solution
	0.1%	cream
Flurandrenolide (Cordran®, Nolix®)	0.05%	cream, lotion, ointment
	4 mcg/cm ²	tape
Fluticasone propionate (Beser™, Cutivate® [brand obsolete 2021])	0.005%	ointment
	0.05%	cream, lotion
Halcinonide (Halog®)	0.1%	cream, ointment, solution
Halobetasol propionate (Bryhali™, Lexette™, Ultravate®)	0.01%	lotion
	0.05%	cream, foam, ointment
Halobetasol propionate and tazarotene (Duobrii™)	0.01%/0.045%	lotion
Hydrocortisone acetate (Ala-Scalp® HP, Scalacort™ DK Kit, Texacort®)	0.5%	cream, ointment
	1%	cream, lotion, ointment, solution
	2%	lotion
	2.5%	cream, lotion, ointment
Hydrocortisone butyrate (Locoid®)	0.1%	cream, lotion, ointment, solution
Hydrocortisone-pramoxine (Analpram HC®, Epifoam®; Pramoxone®, Proctofoam® HC)	1%/1%	cream, foam
	2.5%/1%	cream, lotion
Hydrocortisone probutate (Pandel®)	0.1%	cream
Hydrocortisone valerate	0.2%	cream, ointment
Mometasone furoate	0.1%	cream, lotion, ointment, solution
Prednicarbate	0.1%	cream, ointment
Triamcinolone acetonide (Kenalog® Aerosol Spray, Trianex®, Triderm™)	0.025%	cream, lotion, ointment
	0.05%	ointment
	0.1%	cream, lotion, ointment, paste
	0.147 mg/g	spray
	0.5%	cream, ointment

* This list is not all-inclusive and may not include all available topical corticosteroids (strength or formulation).

REVIEW DATE: 07/19/2023

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.

Cigna National Formulary Coverage:

OVERVIEW

Topical corticosteroids are, in general, indicated for symptomatic relief of inflammation and/or pruritus associated with acute and chronic corticosteroid-responsive skin disorders (dermatoses).¹

Topical corticosteroids are adrenocorticosteroid derivatives that possess anti-inflammatory, antipruritic, and vasoconstrictive properties.¹ These products are thought to depress the formation, release, and activity of endogenous chemical mediators of inflammation (kinins, histamine, liposomal enzymes, prostaglandins) through the induction of phospholipase A2 inhibitory proteins (lipocortins), thereby inhibiting the release of arachidonic acid. Skin diseases that are responsive to topical corticosteroids usually have an inflammatory, hyperproliferative, and/or immunologic component (Table 1).

Table 1. Conditions Treated with Topical Corticosteroids.²

High-potency steroids (Groups I to III)	Medium potency steroids (Groups IV and V)	Low potency steroids (Groups VI and VII)
Alopecia areata Atopic dermatitis (resistant) Discoid lupus Hyperkeratotic eczema Lichen planus Lichen sclerosus (skin) Lichen simplex chronicus Nummular eczema Poison ivy (severe) Psoriasis	Anal inflammation (severe) Asteatotic eczema Atopic dermatitis Lichen sclerosus (vulva) Scabies (after scabicide) Seborrheic dermatitis Severe dermatitis Severe intertrigo (short-term) Stasis dermatitis	Dermatitis (diaper) Dermatitis (eyelids) Dermatitis (face) Intertrigo Perianal inflammation

High-potency steroids (Groups I to III)	Medium potency steroids (Groups IV and V)	Low potency steroids (Groups VI and VII)
Severe hand eczema		

Topical corticosteroids are incorporated into a vehicle appropriate for application to the skin and external mucous membranes. Ointments are more occlusive and are generally preferred for dry scaly lesions.¹ Creams are generally preferred on oozing lesions or in intertriginous areas where a less occlusive preparation may be beneficial. Additionally, patients may prefer creams for aesthetic reasons although their water content makes them more drying than ointments. Gels, aerosols, lotions, and solutions are easier to apply on hairy areas.

POLICY STATEMENT

This program has been developed to encourage the use of two prescription Step 1a Products prior to the use of a Step 2a Product (Duobrii is not included); or the use of a prescription Step 1b Product prior to the use of Duobrii (Step 2b). If the Step Therapy rule is not met for a Step 2 Product (a or b) at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Topical Corticosteroid product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

Step 1a/2a

Step 1a generic topical corticosteroid products:

Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Alclometasone 0.05% ointment/cream • Betamethasone dipropionate 0.05% lotion/ cream/ointment • Betamethasone dipropionate, augmented 0.05% cream/ointment/lotion • Betamethasone valerate 0.1% cream/lotion/ointment • Clobetasol propionate 0.05% cream/emollient cream/gel/ointment/solution • Desonide 0.05% cream/ointment • Fluocinolone acetonide 0.01% cream/solution • Fluocinolone acetonide 0.025% cream/ointment 	<ul style="list-style-type: none"> • Halobetasol propionate 0.05% cream/ointment • Hydrocortisone 2% lotion • Hydrocortisone 1% cream/lotion/ointment/ solution • Hydrocortisone 2.5% cream/lotion/ointment • Hydrocortisone butyrate 0.1% cream/ emollient cream • Hydrocortisone valerate 0.2% cream/ointment • Mometasone furoate 0.1% cream/solution/ ointment • Prednicarbate 0.1% cream/ointment • Triamcinolone acetonide 0.025% cream/ lotion/ointment
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<ul style="list-style-type: none"> • Fluocinolone acetonide 0.01% topical oil • Fluocinonide 0.05% cream/emollient cream/gel/ ointment/solution • Fluticasone propionate 0.05% cream • Fluticasone propionate 0.005% ointment 	<ul style="list-style-type: none"> • Triamcinolone acetonide 0.1% cream/lotion/ ointment • Triamcinolone acetonide 0.5% cream/ointment
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Step 2a topical corticosteroid products:

Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Ala-Scalp HP • Amcinonide 0.1% cream/lotion/ointment • Analpram HC 2.5%/1% cream, lotion • Aqua Glycolic HC • Apexicon E 0.05% cream • Beser 0.05% lotion (branded generic product) • Betamethasone valerate 0.12% foam • Bryhali 0.01% lotion • Capex 0.01% topical shampoo • Clobetasol propionate 0.05% foam/shampoo/ spray/lotion • Clobex 0.05% shampoo • Clobex 0.05% spray • Clobex 0.05% topical lotion • Clodan 0.05% kit • Cloderm 0.1% cream • Cordran 0.05% lotion/ointment • Cordran SP 0.05% cream • Cordran 4 mcg/sq cm tape • Cutivate 0.05% lotion/cream • Derma-Smoothe/FS Scalp Oil • Desonide 0.05% gel and lotion • Desonate 0.05% gel • Desowen 0.05% cream kit • Desowen 0.05% lotion kit • Desoximetasone 0.05% cream/gel/ointment • Desoximetasone 0.25% cream/ointment • Diflorasone diacetate 0.05% cream/ointment • Diprolene 0.05% ointment/lotion • Diprolene AF 0.05% creamElocon 0.1% ointment/cream/solution • Epifoam • Fluocinonide 0.1% cream 	<ul style="list-style-type: none"> • Hydrocortisone butyrate 0.1% lotion/ointment/ solution • Hydrocortisone-pramoxine 2.5%-1% cream • Impeklo lotion • Impoyz 0.025% cream • Kenalog Aerosol Spray • Lexette 0.05% foam • Locoid Lipocream • Locoid 0.1% lotion/cream/ointment/solution • Luxiq 0.12% foam • Nolix 0.05% cream/lotion (branded generic product) • Olux 0.05% foam • Olux-E 0.05% foam • Pandel 0.1% cream • Pramosome 1%/1% lotion • Pramosome 2.5%/1% cream, lotion • Proctofoam HC 1%/1% • Scalacort DK Kit • Sernivo 0.05% spray • Synalar 0.025% cream/ointment • Synalar 0.01% solution • Synalar TS Kit • Temovate 0.05% cream/ointment • Texacort 2.5% solution • Topicort 0.05% ointment/cream/gel • Topicort 0.25% ointment/cream • Topicort Spray 0.25% • Triamcinolone acetonide 0.05% ointment Triamcinolone acetonide aerosol spray • Trianex 0.05% ointment (branded generic product) • Triderm 0.5% cream (branded generic product) • Tridesilon cream 0.05%
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<ul style="list-style-type: none"> • Flurandrenolide 0.05% cream/lotion/ointment • Fluticasone propionate 0.05% lotion • Halcinonide 0.1% cream • Halog 0.1% cream • Halog 0.1% ointment 	<ul style="list-style-type: none"> • Ultravate 0.05% cream/lotion/ointment • Ultravate X 0.05%-10% combination pack • Vanos 0.1% cream • Verdeso 0.5% foam
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Step 1b/2b (Duobrii)

Step 1b generic topical corticosteroid products:

Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Alclometasone 0.05% ointment/cream • Betamethasone dipropionate 0.05% lotion/ cream/ointment • Betamethasone dipropionate, augmented 0.05% cream/ointment/lotion • Betamethasone valerate 0.1% cream/lotion/ointment • Clobetasol propionate 0.05% cream/emollient cream/gel/ointment/solution • Desonide 0.05% cream/ointment • Fluocinolone acetonide 0.01% cream/solution • Fluocinolone acetonide 0.025% cream/ointment • Fluocinolone acetonide 0.01% topical oil • Fluocinonide 0.05% cream/emollient cream/gel/ ointment/solution • Fluticasone propionate 0.05% cream • Fluticasone propionate 0.005% ointment 	<ul style="list-style-type: none"> • Halobetasol propionate 0.05% cream/ointment • Hydrocortisone 2% lotion • Hydrocortisone 1% cream/lotion/ointment/ solution • Hydrocortisone 2.5% cream/lotion/ointment • Hydrocortisone butyrate 0.1% cream/ emollient cream • Hydrocortisone valerate 0.2% cream/ointment • Mometasone furoate 0.1% cream/solution/ ointment • Prednicarbate 0.1% cream/ointment • Triamcinolone acetonide 0.025% cream/ lotion/ointment • Triamcinolone acetonide 0.1% cream/lotion/ ointment • Triamcinolone acetonide 0.5% cream/ointment
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Step 2b topical corticosteroid:

- Duobrii

CRITERIA

Step 2a topical corticosteroid products

1. If the patient has tried two prescription Step 1a Products for the *current* condition, approve a Step 2a Product.

Duobrii

1. If the patient has tried one prescription Step 1b Product for the *current* condition, approve Duobrii.

REFERENCES

1. Facts and Comparisons® eAnswers. Wolters Kluver; 2023. Available at: <http://fco.factsandcomparisons.com/lco/action/home> Accessed on July 17, 2023. Search terms: topical corticosteroids.
2. Ference JD. Choosing topical corticosteroids. *Am Fam Physician*. 2009;79(2):135-140.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	07/20/2022
Selected Revision	Step 2a Products: Apexicon E 0.05% cream was added to the list.	09/14/2022
Annual Revision	No criteria changes.	07/19/2023

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