



## DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

- POLICY:** Topical Corticosteroids – Flurandrenolide Drug Quantity Management Policy – Per Days
- Cordran® (flurandrenolide cream 0.025% and 0.05% [generic], ointment 0.05% [generic], lotion 0.05% [generic] – Almirall)
  - Nolix™ (flurandrenolide cream 0.05%, lotion 0.05% – Artesa, generic) [discontinued]

**REVIEW DATE:** 03/03/2025

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### 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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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

Flurandrenolide cream, lotion and ointment are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, including moderate to severe plaque psoriasis.<sup>1,2</sup>

Moderate to severe psoriasis is typically defined as involvement of more than 5% to 10% of the body surface area or involvement of the face, palm or sole, or disease that is otherwise disabling. For reference, the entire palmar surface, including fingers, of one hand is approximately 1% percent of the body surface area. Patients with > 5% to 10% body surface area affected are generally candidates for

phototherapy or systemic therapy, since application of topical agents to a large area is not usually practical or acceptable for most patients.

### **Dosing/Availability**

Flurandrenolide cream, lotion and ointment are applied to the affected area two to three times daily.<sup>1-3</sup>

### **Availability**

Cordran 0.025% cream is supplied in 120 gram tubes.<sup>2</sup> Flurandrenolide 0.05 % cream is supplied in 60 gram and 120 gram tubes; Cordran 0.05% cream is supplied in 120 gram tubes and Nolix 0.05% cream (discontinued) is supplied in 60 gram tubes.<sup>2,3</sup> Flurandrenolide 0.05% lotion (Cordran, Nolix [discontinued], generic) is supplied in 120 gram bottles.<sup>1,4</sup> Flurandrenolide 0.05% ointment (Cordran, generic) is supplied in 60 gram tubes.<sup>2</sup>

### **Application Information**

When determining the amount of a topical corticosteroid to apply, a standard measure, the fingertip unit (FTU), is often used.<sup>5</sup> One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 1 g of a topical corticosteroid would provide enough product for one application to approximately 4% of the patient's BSA. For children, an FTU is still the amount of product that will fit on an adult's index fingertip. The amount of BSA that the application will cover depends on the size of the child.

Based on the FTU method, the quantity limits below provide enough flurandrenolide cream, ointment, or lotion to cover approximately 8% of the patient's BSA when applying two times daily for 30 days.

### **POLICY STATEMENT**

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of flurandrenolide products. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

### **Drug Quantity Limits**

<b>Product</b>	<b>Package Size</b>	<b>Retail Maximum Quantity per 30 Days</b>	<b>Home Delivery Maximum Quantity per 90 Days</b>
Cordran® (flurandrenolide cream 0.025%)	120 gram tube	120 grams	360 grams
Flurandrenolide cream 0.05%	60 gram tube (generic only)	120 grams	360 grams

(Cordran®, Nolix™ [discontinued], generic)	120 gram tube		
Flurandrenolide ointment 0.05% (Cordran®, generic)	60 gram tube	120 grams	360 grams
Flurandrenolide lotion 0.05% (Cordran®, Nolix™ [discontinued], generic)	120 mL bottle	120 mL	360 mL

***Topical Corticosteroids – Flurandrenolide Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.***

#### **CRITERIA**

Approval of additional quantities of topical flurandrenolide products is recommended if the patient is using the product for an FDA-approved indication AND meets one of the following:

##### Cordran 0.025% cream

1. If a patient needs to treat greater than 8% of body surface area, approve the requested quantity, not to exceed 240 grams per 30 days at retail or 720 grams per 90 days at home delivery.
2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 240 grams per 30 days at retail or 720 grams per 90 days at home delivery.

##### Flurandrenolide 0.05% cream (Cordran, Nolix, generic), and flurandrenolide 0.05% ointment (Cordran, generic)

1. If a patient needs to treat greater than 8% of body surface area, approve the requested quantity, not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery.
2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 180 grams per 30 days at retail or 540 grams per 90 days at home delivery.

##### Flurandrenolide lotion (Cordran, Nolix, generic)

1. If a patient needs to treat greater than 8% of body surface area or is administering more frequently than two times a day, approve the requested quantity, not to exceed 240 mL per 30 days at retail or 720 mL per 90 days at home delivery.
2. If a patient needs to administer the medication more frequently than two times a day, approve the requested quantity, not to exceed 240 mL per 30 days at retail or 720 mL per 90 days at home delivery.

## EXCLUSIONS

Approval of additional quantities of topical flurandrenolide products is NOT recommended in the following situations:

1. No overrides are recommended for use in compounded formulations.

## REFERENCES

1. Cordran lotion, 0.05% [prescribing information]. Malvern. PA: Almirall; July 2011.
2. Cordran cream, 0.025%, 0.05% and ointment, 0.05% [prescribing information]. Malvern. PA: Almirall; July 2013.
3. Nolix cream, 0.05% [prescribing information]. Austin, TX: Artesa; August 2017.
4. Nolix lotion, 0.05% [prescribing information]. Austin, TX: Artesa; October 2017.
5. Stacey SK, McEleney M. Topical corticosteroids: choice and application. *Am Fam Physician*. 2021;103(6):337-343.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery.  No criteria changes.	03/24/2023
Annual Revision	No criteria changes.	03/28/2024
Annual Revision	No criteria changes.	03/03/2025

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