DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Topical Corticosteroids – Triamcinolone Topical Spray Drug Quantity Management Policy – Per Days
- Kenalog® (triamcinolone acetonide 0.147 mg/g topical aerosol – Sun, generic)

REVIEW DATE: 12/05/2023

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. 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

Triamcinolone spray, a high-potency topical corticosteroid, is indicated for the relief of the inflammatory and pruritic manifestations of **corticosteroid-responsive dermatoses**.[1] Example of corticosteroid-responsive dermatoses include plaque psoriasis and atopic dermatitis.

Dosing

Triamcinolone 0.147 mg/g spray may be applied three or four times daily.[1] Triamcinolone spray is a high-potency topical corticosteroid; therefore, treatment should be limited to 2 consecutive weeks of initial treatment. Treatment beyond two consecutive weeks may be indicated if there is no observed improvement.

Availability

Triamcinolone spray is available in 63 g and 100 g aerosol cans.[1] Each gram of spray contains 0.147 mg of triamcinolone acetonide. A 2-second application will cover an area approximately the size of the hand and delivers up to 0.2 mg triamcinolone acetonide.

Coverage is limited to an initial quantity sufficient to allow for a 2-week treatment course per 28 days at retail or a 6-week treatment course per 84 days at home delivery, if the patient is applying triamcinolone spray to an area approximately the size of two hands at maximum recommended weekly doses based on available package size.

POLICY STATEMENT

This Drug Quantity Management program has been developed to prevent stockpiling, misuse, and/or overuse of topical triamcinolone spray. 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 the duration noted below.

Drug Quantity Limits

Product	Package Size	Retail Maximum Quantity per 30 days	Home Delivery Maximum Quantity per 30 days
Kenalog® (triamcinolone acetonide 0.147 mg/g topical aerosol, generic)	63 gram can	126 grams	378 grams
	100 gram can	100 grams	300 grams

Topical Corticosteroids – Triamcinolone Topical Spray 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 triamcinolone 0.147 mg/g spray (Kenalog, generic) is recommended if the patient is using the product for an FDA-approved indication and meets one of the following criteria:

Triamcinolone 0.147 mg/g spray (Kenalog, generic) 63 gram container

1. If the patient's condition has not sufficiently improved after the initial 2 weeks of treatment with triamcinolone spray, approve a one-time override for an additional quantity, not to exceed 126 grams at retail or 378 grams at home delivery, to allow for a total of 4 consecutive weeks of therapy at retail or 12 consecutive weeks of therapy at home delivery.

Triamcinolone 0.147 mg/g spray (Kenalog, generic) 100 gram container

1. If the patient's condition has not sufficiently improved after the initial 2 weeks of treatment with triamcinolone spray, approve a one-time override for an additional quantity, not to exceed 100 grams at retail or 300 grams at home delivery, to

allow for a total of 4 consecutive weeks of therapy at retail or 12 consecutive weeks of therapy at home delivery.

EXCLUSIONS

Approval of additional quantities of triamcinolone 0.147 mg/g spray (Kenalog, generic) is NOT recommended in the following situations:

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

REFERENCES

1. Kenalog® topical aerosol, 0.147 mg/g [prescribing information]. Cranbury, NJ: Sun; November 2018.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes. Policy was updated to include the existing quantity limits when the product is obtained via home delivery.	12/02/2022
Annual Revision	No criteria changes.	12/05/2023