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Topical Corticosteroids

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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. 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.

Overview

This policy supports medical necessity review for the following Topical Corticosteroid products:

- **ApexiCon® E** (diflorasone diacetate) 0.05% cream
- **Cordran®** (flurandrenolide) 0.05% cream, lotion, ointment
- **Cordran® SP** (flurandrenolide) 4 mcg/sq cm tape
- **diflorasone diacetate** 0.05% cream
- **diflorasone diacetate** 0.05% ointment
- **flurandrenolide** 0.05% cream
- **flurandrenolide** 0.05% lotion
- **flurandrenolide** 0.05% ointment
- **hydrocortisone butyrate** 0.1% lotion
- **hydrocortisone butyrate** 0.1% lipid cream
- **Impoyz®** (clobetasol propionate) 0.025% cream
- **Locoid®** (hydrocortisone butyrate) 0.1% lotion
- **Locoid® Lipocream** (hydrocortisone butyrate) 0.1% lipid cream
- **Olux™** (clobetasone propionate) 0.05% cream, foam, gel, lotion, ointment, shampoo

- **Olux™-E** (clobetasone propionate) 0.05% foam
- **Pandel®** (hydrocortisone probutate) 0.1% cream
- **Psorcon®** (diflorasone diacetate) 0.05% cream
- **Tridesilon™** (desonide) 0.05% cream

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products **in below table**:

Non-Covered Product	Criteria
ApexiCon E (diflorasone diacetate 0.05% cream)	ApexiCon E is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Cordran (flurandrenolide 0.05% cream, lotion, ointment)	Cordran is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Cordran SP (flurandrenolide 4 mcg/sq cm tape)	Cordran SP is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
diflorasone diacetate 0.05% cream	Diflorasone diacetate 0.05% cream is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
diflorasone diacetate 0.05% ointment	Diflorasone diacetate 0.05% ointment is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
flurandrenolide 0.05% cream	Flurandrenolide 0.05% cream is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
flurandrenolide 0.05% lotion	Flurandrenolide 0.05% lotion is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
flurandrenolide 0.05% ointment	Flurandrenolide 0.05% ointment is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
hydrocortisone butyrate 0.1% lotion	Hydrocortisone butyrate 0.1% lotion is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
hydrocortisone butyrate 0.1% lipid cream	Hydrocortisone butyrate 0.1% lipid cream is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.

Non-Covered Product	Criteria
Impoyz (clobetasol propionate 0.025% cream)	Impoyz is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Locoid (hydrocortisone butyrate 0.1% lotion)	Locoid is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Locoid Lipocream (hydrocortisone butyrate 0.1% lipid cream)	Locoid Lipocream is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Olux (clobetasone propionate 0.05% cream, foam, gel, lotion, ointment, shampoo)	Olux is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Olux-E (clobetasone propionate 0.05% foam)	Olux-E is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Pandel (hydrocortisone probutate 0.1% cream)	Pandel is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Psorcon (diflorasone diacetate 0.05% cream)	Psorcon is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.
Tridesilon (desonide 0.05% cream)	Tridesilon is medically necessary when there is documentation of failure, contraindication, or intolerance to FIVE prescription strength topical corticosteroid products.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Topical corticosteroid products are considered medically necessary for continued use when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration is up to 12 months.
Reauthorization approval duration is up to 12 months.

Background

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 Severe hand eczema	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

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.

References

1. Facts and Comparisons® eAnswers. Wolters Kluwer; 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.

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