

STEP THERAPY POLICY

POLICY: Topical Corticosteroids Step Therapy Policy

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

REVIEW DATE: 01/17/2024

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

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.

Automation: A patient with a history of two prescription Step 1a Products within the 130-day look-back period is excluded from Step Therapy (Note: Duobrii is not included in this Step). For Duobrii (Step 2b), a patient with a of one prescription Step 1b Product within the 130-day look-back period is excluded from Step Therapy.

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Step 1a/2a

Step 1a generic topical corticosteroid products:

Note: This is not an inclusive list.

Step 2a topical corticosteroid products:

Note: This is not an inclusive list.

Step 1b/2b (Duobrii)

Step 1a generic topical corticosteroid products:

Note: This is not an inclusive list.

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.
2. No other exceptions are recommended.

Step 2b topical corticosteroid product (Duobrii)

1. If the patient has tried one prescription Step 1b Product for the *current* condition, approve Duobrii.
2. No other exceptions are recommended.

REFERENCES

1. Facts and Comparisons® eAnswers. Wolters Kluver; 2024. Available at: <http://fco.factsandcomparisons.com/lco/action/home> Accessed on January 9, 2024. Search terms: topical corticosteroids.
2. Ference JD. Choosing topical corticosteroids. *Am Fam Physician*. 2009;79(2):135-140.