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5.99.011

Section:	Prescription Drugs	**Effective Date:**	April 1, 2024
Subsection:	Miscellaneous Products	**Original Policy Date:**	May 12, 2014
Subject:	Corticosteroid Powders	**Page:**	1 of 4

Last Review Date: March 8, 2024

Corticosteroid Powders

Description

Clobetasol Powder, Fluticasone Powder, Mometasone Powder

Background
Corticosteroid medications demonstrate potent anti-inflammatory activity that decrease inflammation through an unknown mechanism of action. However, corticosteroids are thought to act by affecting cellular signaling and immune function, which leads to the inhibition of potent inflammatory mediators. Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption (1-3).

Clobetasol is commercially available in the following dosage forms: topical foam, shampoo, topical cream, topical gel, topical lotion, topical ointment, and topical solution.

Fluticasone is commercially available in the following dosage forms: topical cream, topical lotion, topical ointment, nasal spray and various aerosols and powders for inhalation.

Mometasone is commercially available in the following dosage forms: topical cream, topical lotion, topical ointment, nasal spray and as a powder for inhalation.

Regulatory Status
FDA-approved topical indications: Topical corticosteroids are indicated for the relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses (1-3).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Corticosteroid powders may be considered **medically necessary** if the conditions indicated below are met.

Corticosteroid powders may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnosis

Patient must have the following:

Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses (including but not limited to hives, rash, eczema, dermatitis)

AND ALL of the following:

1. The requested dosage form is for topical use
2. The patient must have tried and failed and/or have an intolerance to an existing commercially available topical product
3. All of the active ingredients in the formulation are prescription (RX) only products and are FDA approved for inflammatory and pruritic dermatoses
4. The concentration of the final product will not exceed the FDA approved limit
5. It is not being used for cosmetic purposes (including but not limited to anti-aging, anti-wrinkle, hair growth/removal, scar prevention, scar diminishing, skin lightening/tanning)

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits
Duration 6 months

Prior – Approval *Renewal* Limits
Same as above

Rationale

Summary
Topical corticosteroids have anti-inflammatory, antipruritic, and vasoconstrictive properties. Topical corticosteroids are FDA-approved for the relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses (1-3).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of corticosteroid powders while maintaining optimal therapeutic outcomes.

References
1. Clobex [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
2. Cutivate [package insert]. Melville, NY: PharmaDerm; July 2015.
3. Elocon [package insert]. Whitehouse Station, NJ: Merch Sharp & Dohme Corp.; May 2018.

Policy History

Date	Action
May 2014	New addition to PA
September 2014	Annual Review and update
September 2015	Annual editorial review and reference update
December 2016	Annual editorial review and reference update Policy number change from 5.11.11 to 5.99.11
June 2017	Annual review and reference update
June 2018	Annual editorial review and reference update
March 2019	Addition of Clobetasol Powder and combined with policy 5.70.56 Mometasone Powder. Renamed policy Corticosteroid Powders. Added requirement that the requested dosage form is for topical use

June 2019	Annual review
June 2020	Annual review
March 2021	Annual review
March 2022	Annual review
March 2023	Annual review. Changed policy number to 5.99.011
March 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.