

# QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>DERMATOLOGICAL TOPICAL ANTIFUNGAL COMBINATIONS</b>
	<b>BRAND AND GENERIC</b>
	<b>ALL DOSAGE FORMS</b>

**BRAND NAME**  
(generic)

(clotrimazole and betamethasone dipropionate)

**LOTRISONE**  
(clotrimazole and betamethasone dipropionate)

(nystatin and triamcinolone acetonide)

**Status:** CVS Caremark Criteria

**Type:** Quantity Limit; Post Limit Prior Authorization

## POLICY

### FDA-APPROVED INDICATIONS

#### **Clotrimazole and Betamethasone Dipropionate Lotion**

Clotrimazole and betamethasone dipropionate lotion is indicated in patients 17 years and older for the topical treatment of symptomatic inflammatory tinea pedis, tinea cruris, and tinea corporis due to *Epidermophyton floccosum*, *Trichophyton mentagrophytes*, and *Trichophyton rubrum*. Effective treatment without the risks associated with topical corticosteroid use may be obtained using a topical antifungal agent that does not contain a corticosteroid, especially for noninflammatory tinea infections. The efficacy of clotrimazole and betamethasone dipropionate lotion for the treatment of infections caused by zoophilic dermatophytes (e.g., *Microsporum canis*) has not been established.

#### **Lotrisone Cream**

Lotrisone cream is a combination of an azole antifungal and corticosteroid and is indicated for the topical treatment of symptomatic inflammatory tinea pedis, tinea cruris, and tinea corporis due to *Epidermophyton floccosum*, *Trichophyton mentagrophytes*, and *Trichophyton rubrum* in patients 17 years and older.

#### **Nystatin and Triamcinolone**

Nystatin and Triamcinolone Acetonide Cream and Ointment are indicated for the treatment of cutaneous candidiasis; it has been demonstrated that the nystatin-steroid combination provides greater benefit than the nystatin component alone during the first few days of treatment.

## INITIAL QUANTITY LIMIT\*\*

### LIMIT CRITERIA

<u>Drug</u>	<u>1 Month Limit*</u>	<u>3 Month Limit*</u>
clotrimazole and betamethasone dipropionate lotion	30mL / 25 days	Does Not Apply*
Lotrisone cream (clotrimazole and betamethasone dipropionate cream)	45gm / 25 days	Does Not Apply*
nystatin and triamcinolone acetonide cream and ointment	60gm / 25 days	Does Not Apply*

\* The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

\* **These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.**

\*\*If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The request is for clotrimazole/betamethasone (Lotrisone) for the treatment of any of the following: tinea pedis, tinea corporis, tinea cruris
- OR**
- The request is for nystatin/triamcinolone for the treatment of cutaneous candidiasis

### POST LIMIT QUANTITY

<u>Drug</u>	<u>1 Month Limit*</u>	<u>3 Month Limit*</u>
clotrimazole and betamethasone dipropionate lotion	90mL / 25 days	Does Not Apply*
Lotrisone cream (clotrimazole and betamethasone dipropionate cream)	90gm / 25 days	Does Not Apply*
nystatin and triamcinolone acetonide cream and ointment	120gm / 25 days	Does Not Apply*

\* The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

\* **These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.**

### REFERENCES

1. Clotrimazole/Betamethasone dipropionate [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; December 2015.
2. Lotrisone cream [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp.; May 2018.
3. Nystatin/Triamcinolone [package insert]. Johnson City, TN: Crown Laboratories, Inc.; December 2017.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed April 2019.
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