

# PRIOR AUTHORIZATION CRITERIA

**DRUG CLASS**                      **DERMATOLOGICAL TOPICAL CORTICOSTEROIDS**  
**BRAND ONLY**  
**ALL DOSAGE FORMS**

**BRAND NAME**  
**(generic)**

**BRAND ONLY**

**ALCLOMETASONE:**  
**(alclometasone dipropionate)**

**AMCINONIDE:**  
**(amcinonide)**

**BETAMETHASONE:**  
**(betamethasone dipropionate)**  
  
**(betamethasone valerate)**

**CLOBETASOL:**  
**(clobetasol propionate)**

**CLOCORTOLONE:**  
**(clocortolone pivalate)**

**DESONIDE:**  
**(desonide)**

**DESOXIMETASONE:**  
**(desoximetasone)**

**DIFLORASONE:**  
**(diflorasone diacetate)**

**FLUOCINOLONE:**  
**(fluocinolone acetonide)**

**FLUOCINONIDE:**  
**(fluocinonide)**

**FLURANDRENOLIDE:**  
**(flurandrenolide, include tape)**

**FLUTICASONE:**  
**(fluticasone propionate)**

**HALCINONIDE:**  
(halcinonide)

**HALOBETASOL:**  
(halobetasol propionate)

**HYDROCORTISONE:**  
(hydrocortisone)  
  
(hydrocortisone acetate)  
  
(hydrocortisone butyrate)  
  
(hydrocortisone probutate)  
  
(hydrocortisone valerate)

**MOMETASONE:**  
(mometasone furoate)

**PREDNICARBATE:**  
(prednicarbate)

**TRIAMCINOLONE:**  
(triamcinolone acetonide)

**Status: CVS Caremark Criteria**

**Type: Initial Prior Authorization with Quantity Limit**

## POLICY

### FDA-APPROVED INDICATIONS

Alclometasone dipropionate, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, clocortolone pivalate, desonide, desoximetasone, diflorasone diacetate, fluocinolone acetonide, fluocinonide, flurandrenolide, fluticasone propionate, halcinonide, halobetasol propionate, hydrocortisone, hydrocortisone acetate, hydrocortisone butyrate, hydrocortisone probutate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

**Bryhali Lotion, Clobetasol Propionate Emollient Base Cream, Clobex Shampoo, Clobex Lotion, Clobex Spray, Derma-Smooth/FS (Scalp) Oil, Impoyz Cream, Lexette Foam, Olux Foam, Sernivo Spray, Topicort Spray, Ultravate Lotion** are indicated for the treatment of psoriasis.

**Cutivate Lotion, Derma-Smooth/FS (Body) Oil, Desonate Gel, Locoid Lipocream, Locoid Lotion, Verdeso Foam** are indicated for the treatment of atopic dermatitis.

**Capex Shampoo, Locoid Solution** are indicated for the relief of the inflammatory and pruritic manifestations of seborrheic dermatitis.

## **COVERAGE CRITERIA**

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

- The requested drug is being prescribed for a corticosteroid-responsive dermatosis or condition (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis)

### **AND**

- The requested drug is not being used in a footbath

### **AND**

- The patient experienced an inadequate treatment response to at least a 14 day trial of one generic topical corticosteroid
- OR
- The patient was unable to complete a 14 day trial of a generic topical corticosteroid due to an intolerable adverse reaction that is documented in the patient's chart

Current plan approved criteria cover up to 180 grams (gm) or milliliters (mL) or 2 rolls of tape per month and up to 540gm or mL or 6 rolls of tape per 3 months.

The following products may approve up to 240gm or mL per month and up to 720gm or mL per 3 months: low potency products (including Desonate, DesOwen, Tridesilon, Verdeso foam, Synalar solution, Ala-Scalp, Texacort, MiCort HC), oils (examples are Derma-Smoothe/FS), shampoos (examples are Capex, Clobex), sprays (examples are Clobex, Kenalog, Sernivo, Topicort).

Synalar 0.025 percent, Cordran cream, Cordran lotion, Cutivate lotion, Halog solution, and Impeklo may approve up to 240gm or 240mL per month not to exceed 540gm or mL per 3 months. Trianex may approve up to 430 grams per month not to exceed 540 grams per 3 months.

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