

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

Corticosteroids Topical (Brand Only) Policy 2435-C 03-2019

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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)
 - 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

POST LIMIT QUANTITY

Medication	1 Month Limit 3 Month Limit
<ul style="list-style-type: none"> • Low potency products: <ul style="list-style-type: none"> ○ Desonate, DesOwen, Tridesilon, Verdeso foam ○ Synalar solution ○ Ala-Scalp, Texacort ○ MiCort HC 	240gm or 240mL / 25 days 720gm or 720mL / 75 days
<ul style="list-style-type: none"> • Oils, Shampoos, Sprays: <ul style="list-style-type: none"> ○ Oil examples are Derma-Smoothe/FS ○ Shampoo examples are Capex, Clobex ○ Spray examples are Clobex, Kenalog, Sernivo, Topicort 	240gm or 240mL / 25 days 720gm or 720mL / 75 days
<ul style="list-style-type: none"> • Synalar 0.025 percent • Cordran cream, Cordran lotion • Cutivate lotion 	240gm or 240mL / 25 days and 540gm or 540mL / 75 days
<ul style="list-style-type: none"> • Trianex 	430gm / 25 days and 540gm / 75 days
<ul style="list-style-type: none"> • Cordran Tape 	2 rolls of tape / 25 days 6 rolls of tape / 75 days
<ul style="list-style-type: none"> • Other topical corticosteroids not listed above 	180gm or 180mL / 25 days 540gm or 540mL / 75 days

* PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

* The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing

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