

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Non-Preferred Medium Potency Topical Corticosteroid Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comment	Quantity Limit
Betamethasone dipropionate 0.05% lotion	Preferred	May be subject to quantity limit
Betamethasone valerate 0.1% cream		
Triamcinolone 0.1% cream/ointment; 0.05%, 0.025% ointment		
Triderm 0.1% cream		
Trianex 0.05% ointment		
Mometasone 0.1% cream/ointment/solution		
Fluticasone 0.025% cream		
Prednicarbate 0.1% ointment		
Beser 0.05% lotion	Non-Preferred	
Betamethasone valerate 0.1% lotion		
Clocortolone 0.1% cream		
Cloderm 0.1% cream/pump		
Cordran 0.025% cream		
Cordran 0.05%cream/lotion/ointment		
Cutivate 0.05% cream/lotion		
Dermasorb 0.1% kit		
Dermatop 0.1% ointment/cream		
Desonate 0.05% gel		
Desonide 0.05% gel/ointment		
Elocon 0.1% cream/ointment/lotion		
Fluocinolone 0.025% cream/ointment		

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Flurandrenolide 0.05% cream/lotion/ointment (generic Cordran cream/lotion/ointment)	Non-Preferred (continued)	
Fluticasone 0.05% lotion		
Hydrocortisone butyrate 0.1% cream/lotion/ointment/solution		
Hydrocortisone valerate 0.2% cream/ointment		
Kenalog 0.147mg/g spray		
Locoid 0.1% cream/lotion/ointment/solution		
Locoid Lipocream 0.1%		
Nolix 0.05% cream/lotion		
Pandel 0.1% cream		
Prenicarbate 0.1% cream		
Sernivo 0.05% spray		
Synalar 0.025% cream/ointment		
Triamcinolone 0.1% lotion and 0.147mg/g spray		

### **APPROVAL CRITERIA**

Requests for a non-preferred medium potency topical corticosteroid may be approved when the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred medium potency topical corticosteroids; **OR**
- II. The preferred agents are not FDA-approved for the prescribed indication and the requested non-preferred agent is; **OR**
- III. The preferred agents are not acceptable due to concomitant clinical situations, including but not limited to
  - A. The individual requires an alternate dosage form; **OR**
  - B. Individual has a confirmed hypersensitivity to preferred agent(s) or class of agents.

### **Key References:**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 3, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Torres MJ, Canto G. Hypersensitivity reactions to corticosteroids. *Curr Opin Allergy Clin Immunol* 2010; 10:273.
6. Goldstein BG, Goldstein AO. Topical corticosteroids: Use and adverse effects. [Comparison of representative topical corticosteroid preparations (classified according to the US system)]. *Post TW*, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> (Accessed on January 15, 2020.)

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