

Market Applicability					
Market	GA	KY	MD	NJ	NY
Applicable	X	NA	X	X	X

Non-Preferred Low Potency (Groups 6 and 7) Topical Corticosteroid Step Therapy

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

Medications	Comments	Quantity Limit
Hydrocortisone 0.5%, 1%, 2.5% cream/ointment	Preferred	May be subject to quantity limit
Generic OTC hydrocortisone 1% gel/lotion		
Generic hydrocortisone 2.5% lotion		
Anti-Itch 1% cream and ointment		
Scalpacin 1% liquid		
Scalp Relief 1% liquid		
Cortisone 1% cream		
Noble formula HC 1% cream		
Eczema Anti-itch 1% cream		
Hydroskin 1% cream		
Hydrocortisone-aloe 1% cream		
Triamcinolone acetonide 0.025% cream		
Generic Triamcinolone acetonide 0.025% lotion		
Ala-Cort 1% cream	Non-Preferred	
Ala-Cort 2.5% cream		
Ala-Scalp 2% lotion		
Alclometasone Dipropionate 0.05% cream/ointment		
Anti-Itch 1% lotion		
Anti Itch Spray		
Aquanil HC 1% Lotion		
Aveeno 1% cream		
Beta HC 1% lotion		

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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Betamethasone valerate 0.1% lotion		
Capex 0.01% shampoo		
Cortizone 10 Cooling Relief gel		
Cortizone-10 cream/ointment/lotion	Non-Preferred (continued)	
Cortizone-10 Plus cream		
CVS Cortisone + Cooling Relief gel		
CVS Cortisone 1% Healing lotion		
Dermarest Eczema 1% lotion		
Derma-Smoothe-FS 0.01% Body Oil		
Derma-Smoothe-FS 0.01% Scalp Oil		
Dermasorb HC kit		
Desonide 0.05% cream/lotion		
Desowen 0.05% cream/lotion		
Fluocinolone 0.01% Body Oil		
Fluocinolone 0.01% cream		
Fluocinolone 0.01% Scalp Oil		
Fluocinolone 0.01% Solution		
Hydrocortisone 1% in absorbase		
Brand Hydrocortisone 1%, 2.5% lotion		
Hydroskin 1% lotion		
Noble Formula HC 1% spray		
Preparation H HC 1% cream		
Recort Plus cream		
Soothing Care cream		
Synalar 0.01% solution		
Texacort 2.5% solution		
Brand Triamcinolone acetonide 0.025% lotion		
Tridesilon 0.05% cream		
Verdeso 0.05% foam		

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APPROVAL CRITERIA

Requests for a non-preferred low 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 low 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. Individual requires an alternate dosage form; **OR**
 - B. Individual has a confirmed hypersensitivity to preferred agent(s) or class of agents

Key References:

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.)

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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