

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Non-Preferred Low Potency Topical Corticosteroid Step Therapy

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments
Hydrocortisone 0.5%, 1%, 2.5% cream	Preferred
Hydrocortisone 0.5%, 1%, 2.5% ointment	Preferred
Anti-Itch 1% cream and ointment	Preferred
Texacort 2.5% solution	Preferred
Scalpicin 1% liquid	Preferred
Scalp Relief 1% liquid	Preferred
Cortisone 1% cream	Preferred
Noble formula HC 1% cream	Preferred
Eczema Anti-itch 1% cream	Preferred
Hydroskin 1% cream	Preferred
Hydrocortisone-aloe 1% cream	Preferred
Advanced Allergy Collection kit	Non-Preferred
Ala-Cort 1% cream	Non-Preferred
Ala-Cort 2.5% cream	Non-Preferred
Ala-Scalp 2% lotion	Non-Preferred
Alclometasone Dipropionate 0.05% cream/ointment	Non-Preferred
Anti-Itch 1% lotion	Non-Preferred
Anti Itch Spray	Non-Preferred
Aqua Glycolic HC 2% Kit	Non-Preferred
Aquanil HC 1% Lotion	Non-Preferred
Aveeno 1% cream	Non-Preferred

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Beta HC 1% lotion	Non-Preferred
Capex 0.01% shampoo	Non-Preferred
Cortizone 10 Cooling Relief gel	Non-Preferred
Cortizone-10 cream/ointment/lotion	Non-Preferred
Cortizone-10 Plus cream	Non-Preferred
CVS Cortisone + Cooling Relief gel	Non-Preferred
CVS Cortisone 1% Healing lotion	Non-Preferred
Dermarest Eczema 1% lotion	Non-Preferred
Derma-Smoothe-FS 0.01% Body Oil	Non-Preferred
Derma-Smoothe-FS 0.01% Scalp Oil	Non-Preferred
Dermasorb HC kit	Non-Preferred
Desonate 0.05% gel	Non-Preferred
Desonide 0.05% cream/ointment/lotion	Non-Preferred
Desowen 0.05% cream/lotion	Non-Preferred
Fluocinolone 0.01% Body Oil	Non-Preferred
Fluocinolone 0.01% cream	Non-Preferred
Fluocinolone 0.01% Scalp Oil	Non-Preferred
Fluocinolone 0.01% Solution	Non-Preferred
Hydro Skin 1% cream/lotion	Non-Preferred
Hydrocortisone 1% in absorbbase	Non-Preferred
Hydrocortisone 1%, 2.5% lotion	Non-Preferred
Hydrocortisone-Aloe 1% cream	Non-Preferred
Noble Formula HC 1% spray	Non-Preferred
Nucort 2% Lotion	Non-Preferred
Pediaderm HC 2% kit	Non-Preferred
Preparation H HC 1% cream	Non-Preferred
Recort Plus cream	Non-Preferred

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Scalacort 2% lotion	Non-Preferred
Scalacort DK kit	Non-Preferred
Soothing Care cream	Non-Preferred
Synalar 0.025% Cream Kit	Non-Preferred
Synalar 0.025% Ointment Kit	Non-Preferred
Synalar 0.1% solution	Non-Preferred
Synalar TS 0.1% kit	Non-Preferred
Tridesilon 0.05% cream	Non-Preferred
Verdeso 0.05% foam	Non-Preferred

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, such as but not limited to:
 - A. Individual requires an alternate dosage form

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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