

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

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## Non-Preferred Medium Potency Topical Corticosteroid Step Therapy

| Override(s)         | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year            |

| Medications   | Comment       |
|---|---------------|
| Betamethasone valerate 0.1% cream   | Preferred     |
| Triamcinolone 0.025%, 0.1% cream/ointment   | Preferred     |
| Triderm 0.1% cream  | Preferred     |
| Trianex 0.05% ointment  | Preferred     |
| Mometasone 0.1% cream/ointment/solution   | Preferred     |
| Fluticasone 0.025% cream/ointment   | Preferred     |
| Prednicarbate 0.1% ointment   | Preferred     |
| Betamethasone valerate 0.1% lotion, 0.12% foam                                      | Non-Preferred |
| Clocortolone 0.1% cream   | Non-Preferred |
| Cloderm 0.1% cream  | Non-Preferred |
| Cordran 0.025% cream  | Non-Preferred |
| Cordran 0.05%cream/lotion/ointment, 4mcg/sq cm tape                                 | Non-Preferred |
| Cutivate 0.05% cream/lotion   | Non-Preferred |
| Dermasorb 0.1% kit,   | Non-Preferred |
| Dermatop 0.1% ointment/cream  | Non-Preferred |
| desoximetasone 0.05% cream/ointment   | Non-Preferred |
| Elocon 0.1% cream/ointment/lotion   | Non-Preferred |
| Fluocinolone 0.025% cream, 0.025% ointment  | Non-Preferred |
| Flurandrenolide 0.05% cream/lotion/ointment (generic Cordran cream/lotion/ointment) | Non-Preferred |
| Fluticasone 0.05% lotion  | Non-Preferred |

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

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|   |               |
|---|---------------|
| Hydrocortisone butyrate 0.1% cream/lotion/ointment/solution | Non-Preferred |
| Hydrocortisone valerate 0.2% cream/ointment                 | Non-Preferred |
| Kenalog 0.147mg/g spray                                     | Non-Preferred |
| Locoid 0.1% cream/lotion/ointment/solution                  | Non-Preferred |
| Luxiq 0.12% foam  | Non-Preferred |
| Nolix 0.05% cream/lotion                                    | Non-Preferred |
| Pandel 0.1% cream   | Non-Preferred |
| Prenicarbate 0.1% cream                                     | Non-Preferred |
| Synalar 0.025% cream/ointment                               | Non-Preferred |
| Topicort 0.05% cream/ointment                               | Non-Preferred |
| Triamcinolone 0.025%, 0.1% lotion and 0.147mg/g spray       | Non-Preferred |

## **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, such as but not limited to
  - A. The individual requires an alternate dosage form.

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

### **Key References:**

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|----------------------|----|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|
| Market               | DC | FL<br>&<br>FHK | FL<br>MMA | FL<br>LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable           | X  | X              | NA        | NA        | X  | NA | X  | X  | X  | X  | X  | NA | NA | NA |

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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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