

QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

DRUG CLASS DERMATOLOGICAL TOPICAL CORTICOSTEROIDS
BRAND AND GENERIC
ALL DOSAGE FORMS

BRAND NAME* **BRAND AND GENERIC**
(generic)

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: Quantity Limit; Post Limit Prior Authorization

Ref # 2324-HJ**

* Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.

**This criteria may not be used in combination with Corticosteroids Topical (Brand Only) 2435-C.

**This criteria may not be used in combination with Corticosteroids Topical (Generic Only) 2604-HJ.

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.

INITIAL QUANTITY LIMIT

Tape

The initial quantity limit for flurandrenolide 4mcg/cm Tape is set to 1 package of one roll per month*, 3 packages or three rolls per 3 months*. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

All Dosage Forms (except Tape)

The initial quantity limit for topical corticosteroids all dosage forms (except Tape) are set to 120 grams or 120 milliliters per month*, 360 grams or 360 milliliters per 3 months*. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

* Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength

* 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.

COVERAGE CRITERIA

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)

AND

- The requested drug is not being used in a footbath

Quantity limits apply.

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Topical corticosteroids (TCS) 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, and Ultravate Lotion are indicated for the treatment of psoriasis. Cutivate Lotion, Derma-Smooth/FS (Body) Oil, Desonate Gel, Locoid Lipocream, Locoid Lotion, and Verdeso Foam are indicated for the treatment of atopic dermatitis, (atopic eczema is synonymous with atopic dermatitis). Capex Shampoo and Locoid Solution are indicated for the relief of the inflammatory and pruritic manifestations of seborrheic dermatitis.

TCS included in this criteria

This criteria includes federal legend TCS for dermatological use, all dosage forms both brand and generic. Combination products that contain a TCS are not included in this limit/post limit criteria. Convenience kits that contain a TCS are included in the Miscellaneous Formulations Exclusion List; therefore, kits containing TCS are not included in this limit/post limit criteria.

Initial Limit

The initial quantity limit for all TCS is set to 120 grams (gm) or 120 milliliters (mL) per month which is based on the average American Academy of Dermatology (AAD) estimation for twice daily dosing over 9% body surface area (BSA) for acute treatment and for maintenance therapy, taking into consideration the available package sizes across the TCS class. The three month limit will be 360gm or 360mL per month, which is 3 times the one month limit. For TCS tape, the initial quantity limit will be 1 roll/package 80x3 inches. The three month limit will be 3 rolls, which is 3 times the one month limit.

Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated. For example, Pandel is available as an 80 gram tube, the initial limit is set at 120gm as a 30 day supply, therefore if dispensed as 80gm this may be considered less than a 30 day supply.⁶⁴

If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required.

Post Limit

The approval quantity limit for medium, high, and very high potency TCS creams, gels, lotions and ointments will be 180gm or 180mL per month which is based on the average AAD estimation for up to 18% BSA for acute treatment and for maintenance therapy, or for more frequent dosing (up to four times daily) or longer duration of treatment, taking into consideration the available package sizes. The three month limit will be 540gm or 540mL, which is 3 times the one month limit.

Low potency TCS creams, foams, gels, lotions, ointments, and solutions approval quantity limit will be 240gm or 240mL per month which is set based on the average AAD estimation for more frequent dosing or longer duration of treatment or larger BSA, taking into consideration the available package sizes. The three month limit will be 720mg or 720mL, which is 3 times the one month limit.

For medium, high, and very high potency TCS foams and solutions, the approval quantity limit will be 180mL or 180gm per month, taking into consideration the dosage and available package sizes. For TCS oils, shampoos, and sprays, the approval quantity limit will be 240mL or 240gm per month, taking into consideration the dosage and available package sizes. For TCS tape the approval quantity limit will be twice the initial limit, 2 packages. The three month limit will be 3 times the one month limit.

Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated. For example, Triamex is available as a 430 gram jar, the post limit is set at 540gm per 3 months, therefore if dispensed as 430gm this may be less than a 90 day supply.⁸¹ Per manufacturer website, the large 430gm jar may result in fewer trips to the pharmacy and may minimize need for patient refills.⁹³

The Post Limit prior authorization criteria do not approve topical corticosteroids for use in a footbath, as this is not an FDA-approved use.

Based upon guideline recommendations for monitoring, the duration of approval for TCS will be 6 months.

Atopic Dermatitis^{89,90}

The AAD guideline recommendations for the management and treatment of atopic dermatitis (AD) with TCS therapies includes the following:

- Twice-daily application of TCS is generally recommended for the treatment of AD
- Proactive, intermittent use of TCS as maintenance therapy (1-2 times/wk) on areas that commonly flare is recommended to help prevent relapses and is more effective than use of emollients alone

Psoriasis⁹¹

The AAD guideline recommendations for the management and treatment of psoriasis with TCS therapies includes the following:

- Can be used as monotherapy 1-2 times daily
- Very High potency: available data for 2-4 weeks of treatment
Less potent agents: optimal end point unknown
Gradual reduction in usage recommended following clinical response; while optimal end point is unknown, unsupervised continuous use is not recommended.

Dosing⁸⁹⁻⁹²

No universal standard exists for quantity of application, although suggested methods include use of the adult fingertip unit (the amount from the distal interphalangeal joint to the fingertip, or approximately 0.5 grams (gm), being applied over an

area equal to 2 adult palms), following the rule of 9's that measures the percent affected area, and use of charts that propose amounts based on patient age and body site.⁸⁹⁻⁹¹

In adults, the rule of nines is used as a rough indicator of % BSA. Palmar hand surface is approximately 1% BSA.⁹²

Anatomic Surface	% of Body Surface
head and neck	9%
anterior trunk	18%
posterior trunk	18%
arms, including hands	9% each
legs, including feet	18% each
genitalia	1%

Quantity for 1%BSA, suggested AAD estimation

- Grams per application
0.5gm per application over 2 palms (1%BSA per palm) = 0.25gm per application over 1%BSA
- Applications per month
For a month supply, at 2 weeks acute daily treatment (14 days) and maintenance twice weekly (or gradual reduction) (6 days) therapy at 2 applications per day = (14+6) days x 2 per day = 40 applications per month
- Grams per month for 1%BSA
At 0.25gm per application over 1%BSA x 40 applications per month = 0.25gm x 40 = 10gm per 1%BSA per month

For example, Quantity sufficient based on above calculations for 9%BSA and 18%BSA

- Grams per month for 9%BSA
9%BSA x 10gm = 90 grams / month
- Grams per month for 18%BSA
18%BSA x 10gm = 180 grams / month

For example, Quantity sufficient based on above calculations for select drugs with max dosing

- Grams per month at max dose for 9%BSA
Treating at max dose 50gm/week for 2 weeks acute and 6 days maintenance over 9%BSA
(50gm x 2 weeks) + (9% x 6 days x 0.25mg x 2 per day) = 127gm
- Grams per month at max dose for 18%BSA
Treating at max dose 50gm/week for 2 weeks acute and 6 days maintenance over 18%BSA
(50gm x 2 weeks) + (18% x 6 days x 0.25mg x 2 per day) = 154gm

Initial Limit Quantity applications

- 120gm per month is sufficient for suggested AAD estimation for 9%BSA
120gm per month at 0.25gm per application over 1%BSA = 120gm / 0.25gm = 480 applications / month over 1%BSA
480 applications / 9%BSA = 53 applications, at twice daily = 27 days of therapy
1 roll of Tape (200cm x 7.5cm, 80in x 3in), 200cm / 7.5cm, 80in / 3in = 26 applications at a size of 7.5cm² or 3in²

Post Limit Quantity applications

- 180gm per month is sufficient for suggested AAD estimation for 18%BSA or for 9%BSA with more frequent applications or longer duration of acute treatment.
180gm per month at 0.25gm per application over 1%BSA = 180gm / 0.25gm = 720 applications / month over 1%BSA
720 applications / 18%BSA = 40 applications, at twice daily = 20 days of therapy
2 rolls of Tape (200cm x 7.5cm, 80in x 3in), 200cm / 7.5cm, 80in / 3in = 52 applications at a size of 7.5cm² or 3in² or 26 applications at a size of 15x7.5cm or 6x3in

The AAD guideline recommendations on efficacy⁸⁹⁻⁹¹

TCS efficacy has been demonstrated with a wide variety of formulations and strengths, which allows for versatility of use. TCS are used for both active inflammatory disease and for prevention of relapses. Comparative trials are limited in duration and scope, and as a result, there are no data to support one or a few specific agents as being more efficacious than others. Lower potency corticosteroids should generally be used for limited periods of time on the face, intertriginous areas, areas with thin skin, and in infants. In other areas and in adults, mid- or high-potency agents are generally recommended as initial therapy. Patients with thick, chronic plaques often require treatment with the highest potency corticosteroids. Many factors can alter the efficacy of topical corticosteroids, including the vehicle, the area of usage, the presence or absence of occlusion, patient preference, and the age of the patient.

The AAD guideline recommendations on dosage⁸⁹⁻⁹¹

TCS are grouped into classes, from very low potency to very high potency. With a lack of AD studies that examine a range of TCS doses in large numbers of patients and without an established optimum, great variability in dosing exists. Some use a short burst of a high-potency TCS to rapidly control active disease, followed by a quick taper in potency, whereas others use the lowest-potency agent thought to be needed and adjust upward only if this fails. However, in a large systematic review of topical corticosteroids for the treatment of psoriasis, potent and very potent topical corticosteroids were shown to be more efficacious than mild or moderate corticosteroids. During significant acute flares, the use of mid- or higher-potency TCS for short courses may be appropriate to gain rapid control of symptoms, even in children. However, for long-term management, the least-potent corticosteroid that is effective should be used to minimize the risk of adverse effects. The choice of the appropriate potency corticosteroid and its vehicle should take into consideration the disease severity, the location being treated, patient preference, as well as the age of the patient.

The AAD guideline recommendations on frequency of application⁸⁹⁻⁹¹

Most studies on the efficacy of TCS in AD management involve twice daily application. This is the most common clinical practice and also the generally recommended frequency. However, there is evidence to suggest that once daily application of some potent corticosteroids may be as effective for AD as twice daily application.

For acute flares, use of TCS is recommended every day until the inflammatory lesions are significantly improved and less thick, for up to several weeks at a time. In recent years, a more proactive approach to maintenance has been advocated for those patients who experience frequent, repeat outbreaks at the same body sites. This entails the scheduled application of a TCS once to twice weekly at these particular locations, a method which has reduced rates of relapse and increased time to first flare relative to the use of moisturizers alone.

For very potent corticosteroids, the available data allow for 2 to 4 weeks of use with increased risk of both cutaneous side effects and systemic absorption if used continuously for longer periods of time. The optimal end point for the use of the less potent agents is not known. When topical corticosteroids are used to treat psoriasis, it is recommended that a gradual reduction in the frequency of usage following clinical response be instituted, although the exact details of this tapering are not well established. A significant limitation of most clinical trials evaluating the safety and efficacy of TCS for the treatment of psoriasis is the short duration of treatment of only several weeks, which does not allow for an assessment of the efficacy or the risks of longer term therapy. Furthermore, psoriasis invariably recurs after discontinuation of topical corticosteroid treatment.

The continuous use of very high potency topical corticosteroids should normally be limited to no more than twice daily for up to 2 to 4 weeks and no more than 50 g/wk.

The AAD guideline recommendations on adverse effects and monitoring⁸⁹⁻⁹¹

The incidence of reported side effects from TCS use is low; however, most studies fail to follow patients long term for potential complications. Cutaneous side effects include purpura, telangiectasia, striae, focal hypertrichosis, and acneiform or rosacea-like eruptions. Of greatest concern is skin atrophy, which can be induced by any TCS, though higher-potency agents, occlusion, use on thinner skin, and older patient age increase this risk. Many of these side effects will resolve after discontinuing TCS use, but may take months. Sites of treatment should be assessed regularly for these adverse effects, particularly with use of more potent agents. Continuous application of TCS for long periods of time should be avoided, to limit the occurrence of negative changes. Proactive, once to twice weekly application of mid-potency TCS for up to 40 weeks has not demonstrated these adverse events in clinical trials.

Topically applied corticosteroids, particularly high- and very high-potency agents, can be absorbed at a degree sufficient to cause systemic side effects. The risk of hypothalamic-pituitary-adrenal axis suppression is low but increases with prolonged continuous use, especially in individuals receiving corticosteroids concurrently in other forms (inhaled, intranasal, or oral). Children are more susceptible as a result of a greater body surface to weight ratio. This limitation is based on the evidence available from controlled studies and detailed in package inserts. However, longer durations of therapy are frequently utilized in clinical practice with appropriate supervision and attention to potential side effects.

Another possible concern with the use of topical corticosteroids in the treatment of psoriasis is rebound, wherein disease recurs worse than the pretreatment baseline after the topical corticosteroid is discontinued. Although rebound is known to occur most typically when topical corticosteroids are abruptly discontinued, its frequency and severity are poorly characterized.

It is important to monitor quantities of TCS used over time, which may impact efficacy and safety. Although TCS remain the mainstay of topical therapy for psoriasis, the most potent and efficacious of these agents are approved for only a short-term treatment (2-4 weeks). However, since potent TCS are often used in the longer term in clinical practice, such patients should be carefully monitored to detect possible side effects at the earliest stage.

ALCLOMETASONE DIPROPIONATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
ALCLOMETASONE CREAM	0.05%	Y	Generic	Low to medium	two or three times daily	240gm 720gm
ALCLOMETASONE OINTMENT	0.05%	Y	Generic	Low to medium	two or three times daily	240gm 720gm
AMCINONIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
AMCINONIDE CREAM	0.1%	Y	Generic	high	two to three times daily	180gm 540gm
AMCINONIDE LOTION	0.1%	Y	Generic	high	two to three times daily	180mL 540mL
AMCINONIDE OINTMENT	0.1%	N	Brand	high	two to three times daily	180gm 540gm
BETAMETHASONE DIPROPIONATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
SERNIVO SPRAY	0.05%	N	Brand	medium	twice daily, 4 weeks	240mL 720mL
BETAMETHASONE DIPROPIONATE CREAM	0.05%	Y	Generic	medium	once or twice daily	180gm 540gm
BETAMETHASONE DIPROPIONATE LOTION	0.05%	Y	Generic	medium	twice daily	180mL 540mL
BETAMETHASONE DIPROPIONATE OINTMENT	0.05%	Y	Generic	very high	once or twice daily / 50 g per week	180gm 540gm
DIPROLENE AF AUGMENTED CREAM	0.05%	O	Brand	high	once or twice daily / 50 g per week	180gm 540gm
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	0.05%	Y	Generic			
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	0.05%	Y	Generic	very high	once or twice daily / 50 g per week, 2 weeks	180gm 540gm
BETAMETHASONE DIPROPIONATE AUGMENTED LOTION	0.05%	Y	Generic	very high	once or twice daily / 50 mL per week, 2 weeks	180mL 540mL
DIPROLENE AUGMENTED OINTMENT	0.05%	O	Brand	very high	once or twice daily / 50 g per week	180gm 540gm
BETAMETHASONE DIPROPIONATE AUGMENTED OINTMENT	0.05%	Y	Generic			
BETAMETHASONE VALERATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
BETAMETHASONE VALERATE CREAM	0.1%	Y	Generic	medium	one to three times daily	180gm 540gm
LUXIQ AEROSOL FOAM	0.12%	O	Brand	medium	twice daily	180gm 540gm
BETAMETHASONE VALERATE AEROSOL FOAM	0.12%	Y	Generic			
BETAMETHASONE VALERATE LOTION	0.1%	Y	Generic	medium	twice daily	180mL 540mL
BETAMETHASONE VALERATE OINTMENT	0.1%	Y	Generic	medium	one to three times daily	180gm 540gm
CLOBETASOL PROPIONATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CLOBEX SPRAY	0.05%	O	Brand	very high	twice daily / 52 sprays per day, 59mL per week, 4 weeks	240mL 720mL
CLOBETASOL SPRAY	0.05%	Y	Generic			
CLOBETASOL SOLUTION	0.05%	Y	Generic	high	twice daily / 50mL per week, 2 weeks	180mL 540mL

IMPOYZ CREAM	0.025%	N	Brand	high	twice daily / 50gm per week, 2 weeks	180gm 540gm
TEMOVATE CREAM	0.05%	O	Brand	very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL CREAM	0.05%	Y	Generic			
OLUX AEROSOL FOAM	0.05%	O	Brand	very high	twice daily / 21 capfuls per week, 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL AEROSOL FOAM	0.05%	Y	Generic			
CLOBETASOL GEL	0.05%	Y	Generic	very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
CLOBEX LOTION	0.05%	O	Brand	very high	twice daily / 50mL per week, 2 weeks	180mL 540mL
CLOBETASOL LOTION	0.05%	Y	Generic			
IMPEKLO LOTION	0.05%	M	Brand	very high	twice daily / 50gm per week, 2 weeks	240gm 540gm
TEMOVATE OINTMENT	0.05%	O	Brand	very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL OINTMENT	0.05%	Y	Generic			
CLOBEX SHAMPOO	0.05%	O	Brand	very high	once a day / 50mL per week, 4 weeks	240mL 720mL
CLOBETASOL SHAMPOO (Clodan)	0.05%	Y	Generic			
CLOBETASOL E EMOLLIENT CREAM	0.05%	Y	Generic	very high	twice daily / 50gm per week, psoriasis: 4 weeks; dermatoses: 2 weeks	180gm 540gm
OLUX-E AEROSOL EMULSION FOAM	0.05%	O	Brand	very high	twice daily / 21 capfuls per week, 50gm per week, 2 weeks	180gm 540gm
CLOBETASOL AEROSOL EMULSION FOAM (Tovet)	0.05%	Y	Generic			
CLOCORTOLONE PIVALATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CLODERM CREAM	0.10%	O	Brand	medium	three times a day	180gm 540gm
CLOCORTOLONE CREAM	0.10%	Y	Generic			
DESONIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
DESOWEN CREAM	0.05%	O	Brand	Low to medium	two or three times daily	240gm 720gm
DESONIDE CREAM	0.05%	Y	Generic			
TRIDESILON CREAM	0.05%	O	Brand	Low	two to four times daily	240gm 720gm
DESONIDE CREAM	0.05%	Y	Generic			
VERDESO AEROSOL FOAM	0.05%	N	Brand	Low	twice daily, 4 weeks	240gm 720gm
DESONATE GEL	0.05%	N	Brand	Low	two times daily, 4 weeks	240gm 720gm
DESOWEN LOTION	0.05%	O	Brand	Low to medium	two or three times daily	240mL 720mL
DESONIDE LOTION	0.05%	Y	Generic			
DESONIDE OINTMENT	0.05%	Y	Generic	Low	two to four times daily	240gm 720gm
DESOXIMETASONE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT

Corticosteroids Topical Limit_QL_ALL_Rx

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TOPICORT SPRAY	0.25%	O	Brand	high to very high	twice daily, 4 weeks	240mL 720mL
DESOXIMETASONE SPRAY	0.25%	Y	Generic			
TOPICORT CREAM	0.05%	O	Brand	medium	twice daily	180gm 540gm
DESOXIMETASONE CREAM	0.05%	Y	Generic			
TOPICORT CREAM	0.25%	O	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE CREAM	0.25%	Y	Generic			
TOPICORT GEL	0.05%	O	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE GEL	0.05%	Y	Generic			
TOPICORT OINTMENT	0.05%	O	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE OINTMENT	0.05%	Y	Generic			
TOPICORT OINTMENT	0.25%	O	Brand	high	twice daily	180gm 540gm
DESOXIMETASONE OINTMENT	0.25%	Y	Generic			
DIFLORASONE DIACETATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PSORCON CREAM	0.05%	N	Brand	high	twice daily	180gm 540gm
DIFLORASONE CREAM	0.05%	Y	Generic			
DIFLORASONE OINTMENT	0.05%	Y	Generic	very high	one to three times daily	180gm 540gm
APEXICON E EMOLLIENT CREAM	0.05%	N	Brand	high	one to three times daily	180gm 540gm
FLUOCINOLONE ACETONIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
DERMA-SMOOTH /FS BODY OIL	0.01%	O	Brand	Low to medium	adults: three times daily; pediatrics: twice daily, 4 weeks	240mL 720mL
FLUOCINOLONE BODY OIL	0.01%	Y	Generic			
DERMA-SMOOTH /FS SCALP OIL	0.01%	O	Brand	Low to medium	Apply for 4 hours or overnight	240mL 720mL
FLUOCINOLONE SCALP OIL	0.01%	Y	Generic			
SYNALAR SOLUTION	0.01%	O	Brand	Low	two to four times daily	240mL 720mL
FLUOCINOLONE SOLUTION	0.01%	Y	Generic			
FLUOCINOLONE CREAM	0.01%	Y	Generic	Low	two to four times daily	240gm 720gm
SYNALAR CREAM	0.025%	O	Brand	medium	two to four times daily	240gm 540gm
FLUOCINOLONE CREAM	0.025%	Y	Generic			
SYNALAR OINTMENT	0.025%	O	Brand	medium	two to four times daily	240gm 540gm
FLUOCINOLONE OINTMENT	0.025%	Y	Generic			
CAPEX SHAMPOO	0.01%	N	Brand	Low to medium	1 ounce once daily	240mL 720mL
FLUOCINONIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
FLUOCINONIDE SOLUTION	0.05%	Y	Generic	high	two to four times daily	180mL 540mL
FLUOCINONIDE	0.05%	Y	Generic	high	two to four times daily	180gm

Corticosteroids Topical Limit_QL_ALL_Rx

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CREAM						540gm
VANOS CREAM	0.1%	O	Brand	very high	psoriasis: once or twice daily / 60gm per week, 2 weeks; atopic dermatitis, other dermatoses: once daily / 60gm per week, 2 weeks	180gm 540gm
FLUOCINONIDE CREAM	0.1%	Y	Generic			
FLUOCINONIDE GEL	0.05%	Y	Generic	high	two to four times daily	180gm 540gm
FLUOCINONIDE OINTMENT	0.05%	Y	Generic	high	two to four times daily	180gm 540gm
FLUOCINONIDE-E EMULSIFIED CREAM	0.05%	Y	Generic	high	two to four times daily	180gm 540gm
FLURANDRENOLIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CORDRAN CREAM	0.025%	N	Brand	high	2 or 3 times a day	240gm 540gm
CORDRAN CREAM	0.05%	O	Brand	high	2 or 3 times a day	240gm 540gm
FLURANDRENOLIDE CREAM (Nolix)	0.05%	Y	Generic			
CORDRAN LOTION	0.05%	O	Brand	high	2 or 3 times a day	240mL 540mL
FLURANDRENOLIDE LOTION (Nolix)	0.05%	Y	Generic			
CORDRAN OINTMENT	0.05%	O	Brand	high	2 or 3 times a day	180gm 540gm
FLURANDRENOLIDE OINTMENT	0.05%	Y	Generic			
CORDRAN TAPE	4 MCG / SQCM	N	Brand	high	replace tape every 12 hours	2 Rolls
FLUTICASONE PROPIONATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
FLUTICASONE CREAM	0.05%	Y	Generic	medium	atopic dermatitis: once or twice daily; other dermatoses: twice daily / pediatrics: 4 weeks	180gm 540gm
CUTIVATE LOTION	0.05%	O	Brand	medium	once daily / 4 weeks	240mL 540mL
FLUTICASONE LOTION (Beser)	0.05%	Y	Generic			
FLUTICASONE OINTMENT	0.005%	Y	Generic	medium	twice daily	180gm 540gm
HALCINONIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
HALOG CREAM	0.1%	N	Brand	high	two to three times daily	180gm 540gm
HALCINONIDE CREAM	0.1%	Y	Generic			
HALOG OINTMENT	0.1%	N	Brand	high	two to three times daily	180gm 540gm
HALOG SOLUTION	0.1%	N	Brand	high	two to three times daily	240gm 540gm
HALOBETASOL PROPIONATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
ULTRAVATE CREAM	0.05%	O	Brand	very high	once or twice daily / 50gm per week, 2 weeks	180gm 540gm
HALOBETASOL CREAM	0.05%	Y	Generic			
LEXETTE AEROSOL FOAM	0.05%	M	Brand	high to very high	twice daily / 50gm per week, 2 weeks	180gm 540gm
HALOBETASOL AEROSOL FOAM	0.05%	M	Brand			
BRYHALI LOTION	0.01%	N	Brand	high to very high	once daily / 50gm per week, 8 weeks	180gm 540gm

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ULTRAVATE LOTION	0.05%	N	Brand	very high	twice daily / 50mL per week, 2 weeks	180mL 540mL
ULTRAVATE OINTMENT	0.05%	O	Brand	very high	once or twice daily / 50gm per week, 2 weeks	180gm 540gm
HALOBETASOL OINTMENT	0.05%	Y	Generic			
HYDROCORTISONE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
TEXACORT SOLUTION	2.5%	N	Brand	Low	three or four times daily	240mL 720mL
HYDROCORTISONE CREAM (Ala-Cort)	1%	Y	Generic	Low	two to four times daily	240gm 720gm
HYDROCORTISONE CREAM (Ala-Cort)	2.5%	Y	Generic	Low	two to four times daily	240gm 720gm
ALA SCALP LOTION	2%	N	Brand	Low	two to four times daily	240mL 720mL
HYDROCORTISONE LOTION	2.5%	Y	Generic	Low	two to four times daily	240mL 720mL
HYDROCORTISONE OINTMENT	1%	Y	Generic	Low	three or four times a day	240gm 720gm
HYDROCORTISONE OINTMENT	2.5%	Y	Generic	Low	two to four times daily	240gm 720gm
HYDROCORTISONE ACETATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
MICORT-HC CREAM	2.5%	N	Brand	Low	two to four times daily	240gm 720gm
HYDROCORTISONE VALERATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
HYDROCORTISONE VALERATE CREAM	0.2%	Y	Generic	medium	two or three times daily	180gm 540gm
HYDROCORTISONE VALERATE OINTMENT	0.2%	Y	Generic	medium	two or three times daily	180gm 540gm
HYDROCORTISONE PROBUTATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PANDEL CREAM	0.1%	N	Brand	medium	once or twice a day	180gm 540gm
HYDROCORTISONE BUTYRATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
LOCOID SOLUTION	0.1%	O	Brand	medium	two or three times daily	180mL 540mL
HYDROCORTISONE BUTYRATE SOLUTION	0.10%	Y	Generic			
LOCOID CREAM	0.1%	O	Brand	medium	2 to 3 times daily	180gm 540gm
HYDROCORTISONE BUTYRATE CREAM	0.1%	Y	Generic			
LOCOID LOTION	0.1%	O	Brand	medium	two times daily, 4 weeks	180mL 540mL
HYDROCORTISONE LOTION	0.1%	Y	Generic			
LOCOID OINTMENT	0.1%	O	Brand	medium	two or three times daily	180gm 540gm
HYDROCORTISONE BUTYRATE OINTMENT	0.1%	Y	Generic			
LOCOID HYDROPHILIC LIPOCREAM	0.1%	O	Brand	medium	2 or 3 times daily, 4 weeks	180gm 540gm
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPOCREAM	0.10%	Y	Generic			
MOMETASONE FUROATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
MOMETASONE SOLUTON (LOTION)	0.1%	Y	Generic	medium	once daily	180mL 540mL

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ELOCON CREAM	0.1%	O	Brand	medium	once daily	180gm 540gm
MOMETASONE CREAM	0.1%	Y	Generic			
ELOCON OINTMENT	0.1%	O	Brand	medium	once daily	180gm 540gm
MOMETASONE OINTMENT	0.1%	Y	Generic			
PREDNICARBATE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PREDNICARBATE CREAM	0.1%	Y	Generic	medium	twice daily, pediatrics: 3 weeks	180gm 540gm
PREDNICARBATE OINTMENT	0.1%	Y	Generic	medium	twice daily	180gm 540gm
TRIAMCINOLONE ACETONIDE	Strength	MONY	B/G	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
KENALOG AEROSOL SPRAY	SPRAY	O	Brand	high	Three or four applications daily	240gm 720gm
TRIAMCINOLONE AEROSOL SPRAY	SPRAY	Y	Generic			
TRIAMCINOLONE CREAM	0.025%	Y	Generic	medium	two to four times daily	180gm 540gm
TRIAMCINOLONE CREAM (Triderm)	0.1%	Y	Generic	medium	two or three times daily	180gm 540gm
TRIAMCINOLONE CREAM (Triderm)	0.5%	Y	Generic	high	two or three times daily	180gm 540gm
TRIAMCINOLONE LOTION	0.025%	Y	Generic	medium	three to four times daily	180mL 540mL
TRIAMCINOLONE LOTION	0.1%	Y	Generic	medium	three to four times daily	180mL 540mL
TRIAMCINOLONE OINTMENT	0.025%	Y	Generic	medium	two to four times daily	180gm 540gm
TRIANEX OINTMENT	0.05%	N	Brand	medium	two to four times a day	430gm 540gm
TRIAMCINOLONE OINTMENT (Trianex)	0.05%	Y	Generic			
TRIAMCINOLONE OINTMENT	0.1%	Y	Generic	medium	two or three times daily	180gm 540gm
TRIAMCINOLONE OINTMENT	0.5%	Y	Generic	high	2 to 3 times daily	180gm 540gm

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Written by: UM Development (KM)
 Date Written: 09/2017
 Revised: 12/2017 (added Impoyz); 06/2018, 11/2018 (added Bryhali), (TM/ME) 03/2019 (added all dosage forms and revised limits based on potency, dosage form, and packaging), (TM/ME) 03/2020, (TM/ME) 05/2020 (revised question for Halog soln), 06/2020 (revised question for Impeklo)
 Reviewed: Medical Affairs: (AN) 10/2017; (LMS) 12/2017; (DNC) 06/2018; (ME) 10/2018; (AN) 11/2018, (GD) 04/2019, (CHART) 03/26/20, (CHART) 05/14/20, (CHART) 07/09/20
 External Review: 12/2017, 02/2017, 10/2018, 12/2018 (FYI), 05/2019, 08/2020 (FYI)

CRITERIA FOR APPROVAL

1	Is the requested drug being prescribed for a corticosteroid-responsive dermatosis or condition (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis)?	Yes	No
2	Is the requested drug being used in a footbath?	Yes	No
3	Does the patient require more than 180gm or 180mL or 2 rolls of tape per month? [If no, then no further questions.]	Yes	No

4	Is this request for any of the following LOW potency products: A) Alclometasone, B) Desonide, (Desonate, DesOwen, Tridesilon, Verdeso foam), C) Fluocinolone acetonide 0.01 percent, (Synalar solution), D) Hydrocortisone 1, 2, or 2.5 percent, (Ala-Scalp, Texacort), E) Hydrocortisone acetate 2.5 percent cream, (MiCort HC)? [If yes, then skip to question 6.]	Yes	No
5	Is this request for an oil, shampoo, or spray? [Oil examples are Derma-Smoothe/FS, Shampoo examples are Capex, Clobex, Spray examples are Clobex, Kenalog, Sernivo, Topicort] [If no, then skip to question 7.]	Yes	No
6	Does the patient require more than 240gm or 240mL per month? [No further questions.] [RPh Note: If yes, then deny and partial approve 240gm or 240mL / 25 days*, 720gm or 720mL / 75 days*.]	Yes	No
7	Is this request for any of the following: A) Fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent), B) Flurandrenolide cream, lotion, (Cordran cream, Cordran lotion), C) Fluticasone lotion (Cutivate lotion), D) Halcinonide solution (Halog solution), E) Clobetasol propionate 5 percent lotion (Impeklo)? [If no, then skip to question 9.]	Yes	No
8	Does this request exceed 240gm or 240mL per month? [If no, then skip to question 11.] [RPh Note: If yes, then deny and partial approve 240gm or 240mL / 25 days* and 540gm or 540mL / 75 days*.]	Yes	No
9	Is this request for Triamcinolone acetonide 0.05 percent ointment (Trianex)? [RPh Note: If no, then deny and partial approve 180gm or 180mL or 2 rolls of tape / 25 days*, 540gm or 540mL or 6 rolls of tape / 75 days*.]	Yes	No
10	Does this request exceed 430 grams per month? [RPh Note: If yes, then deny and partial approve 430gm/25 days* and 540gm/75 days*.]	Yes	No
11	Does this request exceed 540gm or 540mL per THREE months? [RPh Note: For Trianex (triamcinolone acetonide 0.05 percent ointment): If yes, then deny and partial approve 430gm/25 days* and 540gm/75 days*.] [RPh Note: For Fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent), Flurandrenolide cream, lotion, (Cordran cream, Cordran lotion), Fluticasone lotion (Cutivate lotion), Halcinonide solution (Halog solution), Clobetasol propionate 5 percent lotion (Impeklo): If yes, then deny and partial approve 240gm or 240mL / 25 days* and 540gm or 540mL / 75 days*.]	Yes	No

Mapping Instructions		
Yes	No	DENIAL REASONS – DO NOT USE FOR MEDICARE PART D

1.	Go to 2	Deny	You do not meet the requirements of your plan. Your plan covers additional quantities of this drug when you have a condition that responds to topical corticosteroids (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis). Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]
2.	Deny	Go to 3	You do not meet the requirements of your plan. Your plan covers additional quantities of this drug when the requested drug is not being used in a footbath. Your request has been denied based on the information we have. [Short Description: No approvable use]
3.	Go to 4	Approve, 6 months, 180gm or 180mL or 2 rolls per 25 days*, 540gm or 540mL or 6 rolls per 75 days*	
4.	Go to 6	Go to 5	
5.	Go to 6	Go to 7	
6.	Deny	Approve, 6 months, 240gm or 240mL per 25 days*, 720gm or 720mL per 75 days*	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 240 grams or 240 milliliters per month of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
7.	Go to 8	Go to 9	
8.	Deny	Go to 11	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 240 grams or 240 milliliters per month not to exceed 540 grams or 540 milliliters per 3 months of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
9.	Go to 10	Deny	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 180 grams or 180 milliliters or 2 rolls of tape per month of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
10.	Deny	Go to 11	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 430 grams per month not to exceed 540 grams per 3 months of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for

			<p>a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied.</p> <p>[Short Description: Over max quantity]</p>
11.	Deny RPh Note: For the denial verbiage, only include the requested drug. Remove all the other drugs from the verbiage.	<p>Approve, 6 months, Triamcinolone acetonide 0.05 percent ointment (Trianex): 430gm/25 days* and 540gm/75 days*; or, Fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent), Flurandrenolide cream, lotion, (Cordran cream, Cordran lotion), Fluticasone lotion (Cutivate lotion), Halcinonide solution (Halog solution), Clobetasol propionate 0.05 percent lotion (Impeklo): 240gm or 240mL/25 days* and 540gm or 540mL/75 days*</p>	<p>You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to:</p> <ul style="list-style-type: none"> - 430 grams per month not to exceed 540 grams per 3 months of Triamcinolone acetonide 0.05 percent ointment (Trianex) - 240 grams per month not to exceed 540 grams per 3 months of fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent). - 240 grams per month not to exceed 540 grams per 3 months of flurandrenolide cream (Cordran cream). - 240 milliliters per month not to exceed 540 milliliters per 3 months of flurandrenolide lotion (Cordran lotion). - 240 milliliters per month not to exceed 540 milliliters per 3 months of fluticasone lotion (Cutivate lotion) - 240 milliliters per month not to exceed 540 milliliters per 3 months of halcinonide solution (Halog solution) - 240 grams per month not to exceed 540 grams per 3 months of clobetasol propionate 0.05 percent lotion (Impeklo) <p>You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied.</p> <p>[Short Description: Over max quantity]</p>

* 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