

Topical Corticosteroids
Effective 08/01/2019

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response or side effect to at least two different 1st-line topical corticosteroids.

FIRST-LINE	SECOND-LINE
Low Potency: alclometasone dipropionate 0.05% (ointment) fluocinolone acetonide 0.01% (scalp oil) hydrocortisone 0.5% (cream, ointment) hydrocortisone 1% (lotion, cream, ointment, gel, solution) hydrocortisone 2.5% (cream, ointment, lotion) hydrocortisone acetate 0.5% (cream) hydrocortisone acetate 1% (cream)	Low Potency: alclometasone dipropionate 0.05% (cream) desonide 0.05% (ointment, cream, lotion) fluocinolone acetonide 0.01% (cream, solution, body oil) hydrocortisone 2% (lotion) Medium Potency: Betamethasone valerate 0.12% aero foam

FIRST-LINE	SECOND-LINE
<p>hydrocortisone butyrate 0.1% (cream, lotion)</p> <p>Medium Potency: betamethasone dipropionate 0.05% (lotion, cream) betamethasone valerate 0.1% (ointment, cream, lotion) fluocinolone acetonide 0.025% (cream, ointment) fluticasone propionate 0.005% (ointment) fluticasone propionate 0.05% (cream) mometasone furoate 0.1% (cream, lotion, ointment) prednicarbate 0.1% (ointment, cream) triamcinolone acetonide 0.025% (cream, lotion, ointment) triamcinolone acetonide 0.1% (cream, lotion, ointment)</p> <p>High Potency: augmented betamethasone dipropionate 0.05% (cream) fluocinonide 0.05% (cream, solution) mometasone 0.1% solution triamcinolone acetonide 0.5% (cream, ointment)</p> <p>Very High Potency: augmented betamethasone dipropionate 0.05% (ointment) clobetasol propionate 0.05% (solution, foam) clobetasol propionate emollient 0.05% (cream)</p> <p>Combination Products: hydrocortisone-aloe vera 1% (cream) hydrocortisone-aloe vera 0.5% (cream)</p>	<p>Capex Shampoo desoximetasone 0.05% (gel) fluticasone 0.05% lotion hydrocortisone butyrate 0.1% (ointment, cream) hydrocortisone valerate 0.2% (cream, ointment) triamcinolone acetonide aerosol solution (spray)</p> <p>High Potency: betamethasone dipropionate 0.05% (ointment) desoximetasone 0.25% (cream, ointment) fluocinonide 0.05% (ointment, gel) fluocinonide emulsified base 0.05% (cream)</p> <p>Very High Potency: augmented betamethasone dipropionate 0.05% (gel, lotion) clobetasol propionate 0.05% (shampoo, gel, cream, lotion, spray, ointment) halobetasol propionate 0.05% (cream, ointment)</p> <p>Combination Products: pramoxine-HC 1-2.5% (lotion) pramoxine-HC aerosol 1-1% (foam)</p>

Limitations

1. Approvals will be granted for 12 months within the quantity limit.
2. An initial quantity limit of 120 grams per 25 days applies.

References

N/A

Review History

04/26/18 – Reviewed

04/17/19 – Updated (1st line additions: clobetasol foam, hydrobutyrate cream and lotion, mometasone sol. 2nd line additions: betamethasone valerate foam, clobetasol lotion & spray, Capex Shampoo and fluticasone lotion).

