

Topical Corticosteroids
 Effective 01/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
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.

If the member does not meet initial step therapy requirements, then requests will be reviewed against the prior authorization criteria below.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program.

OR

Approval will be granted when the following criteria are met:

1. Member meets ONE of the following:
 - a. Inadequate response, adverse reaction or contraindication to at least two first-line topical corticosteroids*
 - b. Inadequate response, adverse reaction or contraindication to at least one second-line topical corticosteroid*

*Paid claims in the previous 180 days can be considered as evidence of trial and failure

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) hydrocortisone butyrate 0.1% (cream, lotion)	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 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)	Medium Potency: Betamethasone valerate 0.12% aero foam 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)
High Potency: augmented betamethasone dipropionate 0.05% (cream) fluocinonide 0.05% (cream, solution) mometasone 0.1% solution triamcinolone acetonide 0.5% (cream)	High Potency: betamethasone dipropionate 0.05% (ointment) desoximetasone 0.25% (cream, ointment) fluocinonide 0.05% (ointment, gel) fluocinonide emulsified base 0.05% (cream)
Very High Potency: augmented betamethasone dipropionate 0.05% (ointment) clobetasol propionate 0.05% (solution, foam) clobetasol propionate emollient 0.05% (cream)	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)
Combination Products: hydrocortisone-aloe vera 1% (cream) hydrocortisone-aloe vera 0.5% (cream)	Combination Products: pramoxine-HC 1-2.5% (lotion) pramoxine-HC aerosol 1-1% (foam)

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).
 3/10/2024 – Reviewed for March P&T; no clinical changes.



07/09/2025 – Reviewed and updated at July P&T. Updated policy to include language for members who are new to the plan. Updated prior authorization criteria to remove documentation requirements and allow for approval if the member has had trial and failure with one second-line topical corticosteroid. Included language that paid claims for first- or second-line agents in the previous 180 days will be considered as trial and failure. Effective 10/01/2025.

10/08/2025 – Reviewed and updated at September P&T. Updated policy to remove triamcinolone 0.5% ointment and Capex shampoo, as agents are moving to nonformulary status. Effective 1/1/2026.

