Mass General Brigham
Health Plan

Topical Corticosteroids
Effective 01/01/2027

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☐ Prior Authorization ☐ Quantity Limit ☒ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
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

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

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 diproprionate 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) **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) **High Potency:** augmented betamethasone dipropionate 0.05% (cream) fluocinonide 0.05% (cream, solution) mometasone 0.1% solution triamcinolone acetonide 0.5% (cream) **Very High Potency:** augmented betamethasone dipropionate 0.05% (ointment) clobetasol propionate 0.05% (solution) clobetasol propionate emollient 0.05% (cream) **Combination Products:** hydrocortisone-aloe vera 1% (cream) hydrocortisone-aloe vera 0.5% (cream)	**Low Potency:** alclometasone diproprionate 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 desoximetasone 0.05% (gel) hydrocortisone butyrate 0.1% (ointment, cream) hydrocortisone valerate 0.2% (cream, ointment) **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% (gel, lotion) clobetasol propionate 0.05% (shampoo, gel, cream, lotion, spray, ointment) halobetasol propionate 0.05% (cream, ointment) **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.
04/15/2026 – Reviewed and updated at April P&T. Updating policy to remove the following agents, as they are moving to nonformulary status: triamcinolone spray, desoximetasone 0.05% cream/ointment, and pramosone 2.5% lotion. Effective 07/01/2026.
09/09/2026 – Reviewed and updated at September P&T. Removing fluticasone 0.05% lotion from the policy as it is moving to nonformulary status. Effective 01/01/2027.