



**GEORGIA MEDICAID FEE-FOR-SERVICE
TOPICAL CORTICOSTEROID AGENTS PA SUMMARY**

Dosage Form		Preferred	Non-Preferred
I. Very high potency	<i>Very high potency</i>		
	Cream, Ointment	Clobetasol propionate gel, ointment Halobetasol propionate	Clobetasol emollient and propionate cream Diflorasone diacetate Fluocinonide cream 0.1% (generic) Ultravate X cream or ointment Kit (halobetasol propionate 0.05%/lactic acid 10%) Halonate Kit (halobetasol propionate 0.05% oint/ammonium lactate 12% foam)
	Lotion, Solution, Foam, Shampoo	Clobetasol solution	Clobetasol aerosol/spray/foam, lotion, or shampoo 0.05% (generic) Clobex (clobetasol 0.05% aerosol/spray/foam, lotion, or shampoo) Clodan Kit (clobetasol 0.05% shampoo, cleanser) Olux-E Foam (clobetasol 0.05%) Olux (clobetasol 0.05%)
Dosage Form		Dosage Form	Preferred
II. High potency	<i>High potency</i>		
	Cream, Ointment, Gel	Amcinonide cream Betamethasone dipropionate cream Betamethasone valerate cream, ointment, foam Fluocinolone acetonide oil Fluocinonide cream, gel, solution 0.05% Halcinonide (0.1% Cream) Triamcinolone acetonide	Amcinonide ointment Augmented betamethasone dipropionate cream, ointment Betamethasone dipropionate gel, ointment Betamethasone valerate lotion Desoximetasone cream, gel, ointment Diflorasone diacetate Fluocinolone acetonide cream, ointment, solution Fluocinonide ointment 0.05% Halog (Halcinonide 0.1% Ointment)
	Lotion	Amcinonide Betamethasone dipropionate lotion	Amcinonide lotion Augmented betamethasone dipropionate lotion Diprolene (Augmented betamethasone dipropionate 0.05% - Generic just launched)
	Aerosol, Foam, Oil, Shampoo	None- use other formulations	Betamethasone valerate 0.12% aerosol/foam (generic) Luxiq (Betamethasone valerate 0.12% Foam) Capex & Synalar (Fluocinolone acetonide 0.01% Shampoo & Oil)
Dosage Form		Dosage Form	Preferred
III. Medium potency	<i>Medium potency</i>		
	Cream, Ointment, Lotion, Gel, Solution	Betamethasone benzoate Betamethasone dipropionate cream, lotion Betamethasone valerate cream, ointment, foam Flurandrenolide (0.05% Cream and Ointment) Hydrocortisone butyrate lotion, ointment, solution Mometasone furoate Prednicarbate cream	Betamethasone dipropionate gel, ointment Betamethasone valerate lotion Clocortolone pivalate 0.1% cream (generic) Cloderm (Clocortolone pivalate 0.1% Cream) Cordran (Flurandrenolide 0.025% Cream and Ointment, Lotion) Dermatop (prednicarbate ointment) Desoximetasone cream, gel, ointment



Dosage Form		Preferred	Non-Preferred
		Triamcinolone acetonide	Fluocinolone acetone cream, ointment, solution Fluticasone 0.05% cream, lotion, ointment Hydrocortisone butyrate cream Hydrocortisone valerate Locoid Lipocream 0.1% (hydrocortisone butyrate) Locoid Lotion 0.1% (hydrocortisone butyrate) Pandel Cream 0.1% (hydrocortisone probutate) Pediaderm TA Kit (triamcinolone 0.1% cream and emollient cream) Prednicarbate ointment Trianex (augmented triamcinolone ointment 0.05%)
	Tape	None- use other formulations	Cordran (Flurandrenolide 0.025% Tape)
	Spray		Kenalog Aerosol Spray (triamcinolone acetonide) Topicort Spray Triamcinolone aerosol spray
Dosage Form		Dosage Form	Preferred
IV. Low potency	<i>Low potency</i>		
	Cream, Ointment, Lotion, Solution	Desonide Dexamethasone sodium phosphate Hydrocortisone Hydrocortisone acetate	Alclometasone dipropionate Apexicon E Texacort (hydrocortisone) Fluocinolone acetonide Pediaderm HC Kit (hydrocortisone lotion 2% and emollient cream) Synalar/ TS Kit (fluocinolone acetonide and emollient or cleanser) U-Cort (hydrocortisone acetate/urea)
	Oil		Fluocinolone Acetonide Oil 0.01% (generic)
	Gel, Foam	None- use other formulations	Desonate Gel 0.05% (desonide) Verdeso (Desonide 0.05%)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ If generic clobetasol aerosol/foam/spray, shampoo, or lotion is approved, the PA will be issued for the equivalent brand product, Olux-E or Clobex.
- ❖ If generic betamethasone valerate aerosol/foam is approved, the PA will be issued for brand Luxiq.
- ❖ If generic clocortolone cream is approved, the PA will be issued for brand Cloderm.
- ❖ If generic triamcinolone aerosol spray is approved, the PA will be issued for brand Kenalog Aerosol Spray.
- ❖ If brand Dermatop ointment is approved, the PA will be issued for generic prednicarbate ointment.

PA CRITERIA:

All non-preferred topical corticosteroids (except Halonate Kit, Pediaderm HC Kit, Pediaderm TA Kit and Ultravate X Kit)



- ❖ Claims history reviewed for the use of 3 preferred topical corticosteroid claims within the same potency class or a higher potency class in the past 365 days.

OR

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to at least 3 preferred topical corticosteroids within the same potency class or a higher potency class.

Halonate Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the two separate products, generic halobetasol propionate 0.05% topical ointment and generic ammonium lactate 12% topical lotion, are not appropriate for the member.

Pediaderm HC Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the two separate products, generic hydrocortisone 1% lotion and emollient cream, are not appropriate for the member.

Pediaderm TA Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the two separate products, generic triamcinolone 0.1% cream and emollient cream, are not appropriate for the member.

Ultravate X Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the two separate products, generic halobetasol propionate 0.05% topical ointment or cream and generic lactic acid emollient product (Rx or OTC ammonium lactate or lactic acid), are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**