



**GEORGIA MEDICAID FEE-FOR-SERVICE
CORTICOSTEROIDS, TOPICAL PA SUMMARY**

Dosage Form		Preferred	Non-Preferred
I. Very high potency	Very high potency		
	Cream Gel Ointment	Clobetasol propionate cream, ointment 0.05% Halobetasol propionate cream 0.05%	Apexicon E (diflorasone diacetate emollient cream 0.05%) Clobetasol propionate gel, emollient base cream 0.05% Halobetasol propionate ointment 0.05%
	Foam Lotion Shampoo Solution Spray	Clobetasol propionate solution 0.05%	Bryhali (halobetasol propionate lotion 0.01%) Clobetasol propionate emulsion foam aerosol, foam aerosol, lotion, shampoo, spray 0.05% Clodan Kit (clobetasol propionate shampoo 0.05% and cleanser) Halobetasol propionate foam aerosol 0.05% Ultravate (halobetasol propionate lotion 0.05%)
Dosage Form		Preferred	Non-Preferred
II. High potency	High potency		
	Cream Ointment Gel	Augmented betamethasone dipropionate cream 0.05% Betamethasone valerate cream, ointment 0.1% Triamcinolone acetonide cream, ointment 0.025% Triamcinolone acetonide ointment 0.05% Triamcinolone acetonide cream, ointment 0.1% Triamcinolone acetonide cream, ointment 0.5%	Aminonide cream 0.1% Augmented betamethasone dipropionate gel, ointment 0.05% Betamethasone dipropionate cream, ointment 0.05% Desoximetasone cream, ointment 0.25% Desoximetasone cream, gel, ointment 0.05% Diflorasone diacetate cream, ointment 0.05% Fluocinonide cream 0.1% Fluocinonide cream, emulsified cream, gel, ointment 0.05% Halog (halcinonide cream, ointment 0.1%)
	Lotion Solution Spray	Betamethasone dipropionate lotion 0.05% Betamethasone valerate lotion 0.1% Triamcinolone acetonide lotion 0.1% Triamcinolone acetonide lotion 0.025%	Augmented betamethasone dipropionate lotion 0.05% Fluocinonide solution 0.05% Halog (halcinonide solution 0.1%) Kenalog Aerosol Spray (triamcinolone acetonide aerosol spray) Topicort Spray (desoximetasone spray 0.25%) Triamcinolone acetonide aerosol spray
Dosage Form		Preferred	Non-Preferred
III. Medium potency	Medium potency		
	Cream Ointment	Fluticasone propionate cream 0.05% Fluticasone propionate ointment 0.005% Mometasone furoate cream, ointment 0.1%	Clocortolone pivalate cream 0.1% Fluocinolone acetonide cream, ointment 0.025% Flurandrenolide cream 0.05% Hydrocortisone butyrate cream, ointment 0.1% Hydrocortisone valerate cream, ointment 0.2% Pandel (hydrocortisone probutate cream 0.1%) Synalar Kits (fluocinolone acetonide cream or ointment 0.025% and emollient cream)
	Foam Lotion Solution	None- use other formulations	Betamethasone valerate aerosol foam 0.12% Flurandrenolide lotion 0.05% Fluticasone propionate lotion 0.05% Hydrocortisone butyrate lotion, solution 0.1% Mometasone furoate solution (lotion) 0.1%
Dosage Form		Preferred	Non-Preferred
I >	Low potency		



Dosage Form		Preferred	Non-Preferred
	Cream Ointment	Alclometasone dipropionate cream 0.05% Hydrocortisone cream, ointment 1% Rx Hydrocortisone cream, ointment 2.5%	Alclometasone dipropionate ointment 0.05% Desonide cream, ointment 0.05% Fluocinolone acetonide cream 0.01%
	Oil	[otic] Derma-Smooth FS (fluocinolone acetonide [body, scalp] oil 0.01% Dermotic (fluocinolone acetonide [otic] oil 0.01%)	Fluocinolone acetonide (body, scalp) oil 0.01%
	Lotion Solution	Hydrocortisone lotion 2.5%	Desonide lotion 0.05% Fluocinolone acetonide solution 0.01% Synalar TS Kit (fluocinolone acetonide solution 0.01% and cleanser) Texacort (hydrocortisone solution 2.5%)

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- If generic triamcinolone aerosol spray is approved, the PA will be issued for brand Kenalog Aerosol Spray.

PA CRITERIA:

Non-Preferred Products Except Fluocinolone Acetonide (Body, Scalp) Oil 0.01% Generic

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

Fluocinolone Acetonide (Body, Scalp) Oil 0.01% Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Derma-Smooth FS, is 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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.