



TOPICAL CORTICOSTEROID AGENTS PA SUMMARY

Dosage Form		Preferred	Non-Preferred
I. Very high potency	<i>Very high potency</i>		
	Cream, Ointment	Clobetasol propionate Halobetasol propionate	Diflorasone diacetate 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	None - use other formulations	Clobetasol aerosol/foam, lotion, or shampoo 0.05% (generic) Clobex (clobetasol 0.05% foam, lotion, or shampoo) Clodan Kit (clobetasol 0.05% shampoo, cleanser) Olux-E Foam (clobetasol 0.05%) Olux (clobetasol 0.05%)
Dosage Form		Preferred	Non-Preferred
II. High potency	<i>High potency</i>		
	Cream, Ointment, Gel	Betamethasone dipropionate cream Betamethasone valerate cream, ointment, foam Fluocinolone acetonide oil Fluocinonide Halcinonide (0.1% Cream) Triamcinolone acetonide ointment, cream	Amcinonide Augmented betamethasone dipropionate cream, ointment Betamethasone dipropionate gel, ointment Betamethasone valerate lotion Desoximetasone cream, gel, ointment Diflorasone diacetate Fluocinolone acetonide cream, ointment, solution Fluocinonide cream 0.1% (generic) Halog (Halcinonide 0.1% Ointment) Vanos Cream 0.1% (Fluocinonide)
	Lotion	Amcinonide Betamethasone dipropionate lotion	Augmented betamethasone dipropionate lotion Diprolene (Augmented betamethasone dipropionate 0.05% - Generic just launched) Triamcinolone acetonide lotion
	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		Preferred	Non-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 Hydrocortisone valerate Triamcinolone acetonide ointment, 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) Desoximetasone cream, gel, ointment Fluocinolone acetonide cream, ointment, solution Fluticasone 0.05% cream, lotion, ointment Hydrocortisone butyrate cream



Dosage Form		Preferred	Non-Preferred
			Locoid Lipocream 0.1% (hydrocortisone butyrate) Locoid Lotion 0.1% (hydrocortisone butyrate) Mometasone furoate Pandel Cream 0.1% (hydrocortisone probutate) Pediaderm TA Kit (triamcinolone 0.1% cream and emollient cream) Topicort (desoximetasone ointment 0.05%) Trianex (augmented triamcinolone ointment 0.05%) Triamcinolone acetanide lotion
	Tape	None- use other formulations	Cordran (Flurandrenolide 0.025% Tape)
	Spray	Kenalog Aerosol Spray (Triamcinolone acetanide)	Topicort Spray
Dosage Form		Preferred	Non-Preferred
IV. Low potency	<i>Low potency</i>		
	Cream, Ointment, Lotion, Solution	Dexamethasone sodium phosphate Hydrocortisone Hydrocortisone acetate	Alclometasone dipropionate Apexicon E Texacort (hydrocortisone) Desonide Fluocinolone acetanide Pediaderm HC Kit (hydrocortisone lotion 2% and emollient cream) Synalar/ TS Kit (fluocinolone acetanide 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, shampoo, or lotion is approved, the PA will be issued for the equivalent brand product, Olux-E or Clobex.
- ❖ If brand Topicort 0.05% ointment is approved, the PA will be issued for generic desoximetasone 0.05% ointment.
- ❖ If generic betamethasone valerate aerosol/foam is approved, the PA will be issued for brand Luxiq.
- ❖ If generic fluocinonide 0.1% cream is approved, the PA will be issued for brand Vanos.
- ❖ If generic clocortolone cream is approved, the PA will be issued for brand Cloderm.

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 **Catamaran at 1-866-525-5827**.

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.