

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Non-Preferred Low Potency (Groups 6 and 7) Topical Corticosteroid Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit		
Hydrocortisone 0.5%, 1%, 2.5% cream/ointment	Preferred	May be subject to quantity limit		
Anti-Itch 1% cream and ointment				
Texacort 2.5% solution				
Scalpicin 1% liquid				
Scalp Relief 1% liquid				
Cortisone 1% cream				
Noble formula HC 1% cream				
Eczema Anti-itch 1% cream				
Hydroskin 1% cream				
Hydrocortisone-aloe 1% cream				
Triamcinolone acetonide 0.025% cream				
Ala-Cort 1% cream			Non-Preferred	
Ala-Cort 2.5% cream				
Ala-Scalp 2% lotion				
Alclometasone Dipropionate 0.05% cream/ointment				
Anti-Itch 1% lotion				
Anti Itch Spray				
Aquanil HC 1% Lotion				
Aveeno 1% cream				
Beta HC 1% lotion				
Betamethasone valerate 0.1% lotion				

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Capex 0.01% shampoo		
Cortizone 10 Cooling Relief gel		
Cortizone-10 cream/ointment/lotion		
Cortizone-10 Plus cream		
CVS Cortisone + Cooling Relief gel	Non-Preferred (continued)	
CVS Cortisone 1% Healing lotion		
Dermarest Eczema 1% lotion		
Derma-Smoothe-FS 0.01% Body Oil		
Derma-Smoothe-FS 0.01% Scalp Oil		
Dermasorb HC kit		
Desonide 0.05% cream/lotion		
Desowen 0.05% cream/lotion		
Fluocinolone 0.01% Body Oil		
Fluocinolone 0.01% cream		
Fluocinolone 0.01% Scalp Oil		
Fluocinolone 0.01% Solution		
Hydrocortisone 1% in absorbbase		
Hydrocortisone 1%, 2.5% lotion		
Hydroskin 1% lotion		
Noble Formula HC 1% spray		
Preparation H HC 1% cream		
Recort Plus cream		
Soothing Care cream		
Synalar 0.01% solution		
Triamcinolone acetonide 0.025% lotion		
Tridesilon 0.05% cream		
Verdeso 0.05% foam		

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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APPROVAL CRITERIA

Requests for a non-preferred low potency topical corticosteroid may be approved when the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two preferred low potency topical corticosteroids;

OR

- II. The preferred agents are not FDA-approved for the prescribed indication and the requested non-preferred agent is;

OR

- III. The preferred agents are not acceptable due to concomitant clinical situations, including but not limited to:
 - A. Individual requires an alternate dosage form; **OR**
 - B. Individual has a confirmed hypersensitivity to preferred agent(s) or class of agents

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 3, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Torres MJ, Canto G. Hypersensitivity reactions to corticosteroids. *Curr Opin Allergy Clin Immunol* 2010; 10:273.
6. Goldstein BG, Goldstein AO. Topical corticosteroids: Use and adverse effects. [Comparison of representative topical corticosteroid preparations (classified according to the US system)]. *Post TW*, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> (Accessed on January 15, 2020.)

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