

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Non-Preferred Very High Potency Topical Corticosteroid Step Therapy

Override(s)	Approval Duration
Step Therapy	1 year

Medications	Comment
Clobetasol 0.05% cream/gel/ointment/solution	Preferred
Clobetasol emollient 0.05% cream	Preferred
Halobetasol 0.05% cream/ointment	Preferred
Augmented betamethasone dipropionate 0.05% ointment	Non-Preferred
Clobex 0.05% lotion/spray/shampoo	Non-Preferred
Clodan 0.05% shampoo/kit	Non-Preferred
Clobetasol 0.05% foam/lotion/shampoo/spray	Non-Preferred
Clobetasol-E 0.05% foam	Non-Preferred
Cormax 0.05% solution	Non-Preferred
Diflorasone diacetate 0.05% ointment	Non-Preferred
Diprolene 0.05% ointment	Non-Preferred
Olux 0.05% foam	Non-Preferred
Olux-E 0.05% foam	Non-Preferred
Temovate 0.05% cream/ointment	Non-Preferred
Temovate emollient 0.05% cream	Non-Preferred
Ultravate 0.05% cream/ointment	Non-Preferred
Ultravate X cream/ointment	Non-Preferred

### **APPROVAL CRITERIA**

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

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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- I. Individual has had a trial and inadequate response or intolerance to two preferred very high potency topical corticosteroids; **OR**
- II. The preferred agents are not FDA-approved for the prescribed indication; **OR**
- III. The preferred agents are not acceptable due to concomitant clinical situations, such as but not limited to the following:
  - a. Individual requires an alternate dosage form; **OR**
  - b. Other known disease state or medication contraindication which is not also associated with the requested non-preferred agent.

State Specific Mandates		
N/A	N/A	N/A

**Key References:**

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 13, 2015.

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Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc.; 2015. Updated periodically.

Eichenfield LF, Tom WL, Berger TG, et. al. Guidelines of care for the management of atopic dermatitis. Section 2. Management and treatment of atopic dermatitis with topical therapies. J Am Acad Dermatol. 2014 Jul;71(1):116-32.

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