

QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

DRUG CLASS DERMATOLOGICAL TOPICAL CORTICOSTEROIDS
BRAND AND GENERIC
ALL DOSAGE FORMS

BRAND NAME* **BRAND AND GENERIC**
(generic)

ALCLOMETASONE:
(alclometasone dipropionate)

AMCINONIDE:
(amcinonide)

BETAMETHASONE:
(betamethasone dipropionate)

(betamethasone valerate)

CLOBETASOL:
(clobetasol propionate)

CLOCORTOLONE:
(clocortolone pivalate)

DESONIDE:
(desonide)

DESOXIMETASONE:
(desoximetasone)

DIFLORASONE:
(diflorasone diacetate)

FLUOCINOLONE:
(fluocinolone acetonide)

FLUOCINONIDE:
(fluocinonide)

FLURANDRENOLIDE:
(flurandrenolide, include tape)

FLUTICASONE:
(fluticasone propionate)

HALCINONIDE:

(halcinonide)

HALOBETASOL:
(halobetasol propionate)

HYDROCORTISONE:
(hydrocortisone)

(hydrocortisone acetate)

(hydrocortisone butyrate)

(hydrocortisone probutate)

(hydrocortisone valerate)

MOMETASONE:
(mometasone furoate)

PREDNICARBATE:
(prednicarbate)

TRIAMCINOLONE:
(triamcinolone acetonide)

Status: CVS Caremark Criteria

Type: Quantity Limit; Post Limit Prior Authorization

Ref # 2324-HJ**

** Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.*

***This criteria may not be used in combination with Corticosteroids Topical (Brand Only) 2435-C.*

***This criteria may not be used in combination with Corticosteroids Topical (Generic Only) 2604-HJ.*

FDA-APPROVED INDICATIONS

Alclometasone dipropionate, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, clocortolone pivalate, desonide, desoximetasone, diflorasone diacetate, fluocinolone acetonide, fluocinonide, flurandrenolide, fluticasone propionate, halcinonide, halobetasol propionate, hydrocortisone, hydrocortisone acetate, hydrocortisone butyrate, hydrocortisone probutate, hydrocortisone valerate, mometasone furoate, prednicarbate, triamcinolone acetonide are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Bryhali Lotion, Clobetasol Propionate Emollient Base Cream, Clobex Shampoo, Clobex Lotion, Clobex Spray, Derma-Smooth/FS (Scalp) Oil, Impoyz Cream, Lexette Foam, Olux Foam, Sernivo Spray, Topicort Spray, Ultravate Lotion are indicated for the treatment of psoriasis.

Cutivate Lotion, Derma-Smooth/FS (Body) Oil, Desonate Gel, Locoid Lipocream, Locoid Lotion, Verdeso Foam are indicated for the treatment of atopic dermatitis.

Capex Shampoo, Locoid Solution are indicated for the relief of the inflammatory and pruritic manifestations of seborrheic dermatitis.

INITIAL QUANTITY LIMIT

Tape

The initial quantity limit for flurandrenolide 4mcg/cm Tape is set to 1 package of one roll per month*, 3 packages or three rolls per 3 months*. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

All Dosage Forms (except Tape)

The initial quantity limit for topical corticosteroids all dosage forms (except Tape) are set to 120 grams or 120 milliliters per month*, 360 grams or 360 milliliters per 3 months*. If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

* PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

* The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for a corticosteroid-responsive dermatosis or condition (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis)

Quantity limits apply.

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Topical corticosteroids (TCS) are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Bryhali Lotion, Clobetasol Propionate Emollient Base Cream, Clobex Shampoo, Clobex Lotion, Clobex Spray, Derma-Smooth/FS (Scalp) Oil, Impozz Cream, Lexette Foam, Olux Foam, Sernivo Spray, Topicort Spray, and Ultravate Lotion are indicated for the treatment of psoriasis. Cutivate Lotion, Derma-Smooth/FS (Body) Oil, Desonate Gel, Locoid Lipocream, Locoid Lotion, and Verdeso Foam are indicated for the treatment of atopic dermatitis, (atopic eczema is synonymous with atopic dermatitis). Capex Shampoo and Locoid Solution are indicated for the relief of the inflammatory and pruritic manifestations of seborrheic dermatitis.

TCS included in this criteria

This criteria includes federal legend TCS for dermatological use, all dosage forms both brand and generic. Combination products that contain a TCS are not included in this limit/post limit criteria. Convenience kits that contain a TCS are included in the Miscellaneous Formulations Exclusion List; therefore, kits containing TCS are not included in this limit/post limit criteria.

Initial Limit

The initial quantity limit for all TCS is set to 120 grams (gm) or 120 milliliters (mL) per month which is based on the average American Academy of Dermatology (AAD) estimation for twice daily dosing over 9% body surface area (BSA) for acute treatment and for maintenance therapy, taking into consideration the available package sizes across the TCS class. The three month limit will be 360gm or 360mL per month, which is 3 times the one month limit. For TCS tape, the initial quantity limit will be 1 roll/package 80x3 inches. The three month limit will be 3 rolls, which is 3 times the one month limit.

Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated. For example, Pandel is available as an 80 gram tube, the initial limit is set at 120gm as a 30 day supply, therefore if dispensed as 80gm this may be considered less than a 30 day supply.⁶⁴

If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required.

Post Limit

The approval quantity limit for medium, high, and very high potency TCS creams, gels, lotions and ointments will be 180gm or 180mL per month which is based on the average AAD estimation for up to 18% BSA for acute treatment and for maintenance therapy, or for more frequent dosing (up to four times daily) or longer duration of treatment, taking into consideration the available package sizes. The three month limit will be 540gm or 540mL, which is 3 times the one month limit.

Low potency TCS creams, foams, gels, lotions, ointments, and solutions approval quantity limit will be 240gm or 240mL per month which is set based on the average AAD estimation for more frequent dosing or longer duration of treatment or larger BSA, taking into consideration the available package sizes. The three month limit will be 720gm or 720mL, which is 3 times the one month limit.

For medium, high, and very high potency TCS foams and solutions, the approval quantity limit will be 180mL or 180gm per month, taking into consideration the dosage and available package sizes. For TCS oils, shampoos, and sprays, the approval quantity limit will be 240mL or 240gm per month, taking into consideration the dosage and available package sizes. For TCS tape the approval quantity limit will be twice the initial limit, 2 packages. The three month limit will be 3 times the one month limit.

Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated. For example, Triamex is available as a 430 gram jar, the post limit is set at 540gm per 3 months, therefore if dispensed as 430gm this may be less than a 90 day supply.⁸⁰ Per manufacturer website, the large 430gm jar may result in fewer trips to the pharmacy and may minimize need for patient refills.⁹³

Duration of Approval

Based upon guideline recommendations for monitoring, the duration of approval for TCS will be 6 months.

Atopic Dermatitis^{89,90}

The AAD guideline recommendations for the management and treatment of atopic dermatitis (AD) with TCS therapies includes the following:

- Twice-daily application of TCS is generally recommended for the treatment of AD
- Proactive, intermittent use of TCS as maintenance therapy (1-2 times/wk) on areas that commonly flare is recommended to help prevent relapses and is more effective than use of emollients alone

Psoriasis⁹¹

The AAD guideline recommendations for the management and treatment of psoriasis with TCS therapies includes the following:

- Can be used as monotherapy 1-2 times daily
- Very High potency: available data for 2-4 weeks of treatment
Less potent agents: optimal end point unknown
Gradual reduction in usage recommended following clinical response; while optimal end point is unknown, unsupervised continuous use is not recommended.

Dosing⁸⁹⁻⁹²

No universal standard exists for quantity of application, although suggested methods include use of the adult fingertip unit (the amount from the distal interphalangeal joint to the fingertip, or approximately 0.5 grams (gm), being applied over an area equal to 2 adult palms), following the rule of 9's that measures the percent affected area, and use of charts that propose amounts based on patient age and body site.⁸⁹⁻⁹¹

In adults, the rule of nines is used as a rough indicator of % BSA. Palmar hand surface is approximately 1% BSA.⁹²

Anatomic Surface	% of Body Surface
head and neck	9%
anterior trunk	18%
posterior trunk	18%

arms, including hands	9% each
legs, including feet	18% each
genitalia	1%

Quantity for 1%BSA, suggested AAD estimation

- Grams per application
0.5gm per application over 2 palms (1%BSA per palm) = 0.25gm per application over 1%BSA
- Applications per month
For a month supply, at 2 weeks acute daily treatment (14 days) and maintenance twice weekly (or gradual reduction) (6 days) therapy at 2 applications per day = (14+6) days x 2 per day = 40 applications per month
- Grams per month for 1%BSA
At 0.25gm per application over 1%BSA x 40 applications per month = 0.25gm x 40 = 10gm per 1%BSA per month

For example, Quantity sufficient based on above calculations for 9%BSA and 18%BSA

- Grams per month for 9%BSA
9%BSA x 10gm = 90 grams / month
- Grams per month for 18%BSA
18%BSA x 10gm = 180 grams / month

For example, Quantity sufficient based on above calculations for select drugs with max dosing

- Grams per month at max dose for 9%BSA
Treating at max dose 50gm/week for 2 weeks acute and 6 days maintenance over 9%BSA
(50gm x 2 weeks) + (9% x 6 days x 0.25mg x 2 per day) = 127gm
- Grams per month at max dose for 18%BSA
Treating at max dose 50gm/week for 2 weeks acute and 6 days maintenance over 18%BSA
(50gm x 2 weeks) + (18% x 6 days x 0.25mg x 2 per day) = 154gm

Initial Limit Quantity applications

- 120gm per month is sufficient for suggested AAD estimation for 9%BSA
120gm per month at 0.25gm per application over 1%BSA = 120gm / 0.25gm = 480 applications / month over 1%BSA
480 applications / 9%BSA = 53 applications, at twice daily = 27 days of therapy
1 roll of Tape (200cm x 7.5cm, 80in x 3in), 200cm / 7.5cm, 80in / 3in = 26 applications at a size of 7.5cm² or 3in²

Post Limit Quantity applications

- 180gm per month is sufficient for suggested AAD estimation for 18%BSA or for 9%BSA with more frequent applications or longer duration of acute treatment.
180gm per month at 0.25gm per application over 1%BSA = 180gm / 0.25gm = 720 applications / month over 1%BSA
720 applications / 18%BSA = 40 applications, at twice daily = 20 days of therapy
2 rolls of Tape (200cm x 7.5cm, 80in x 3in), 200cm / 7.5cm, 80in / 3in = 52 applications at a size of 7.5cm² or 3in² or 26 applications at a size of 15x7.5cm or 6x3in

The AAD guideline recommendations on efficacy⁸⁹⁻⁹¹

TCS efficacy has been demonstrated with a wide variety of formulations and strengths, which allows for versatility of use. TCS are used for both active inflammatory disease and for prevention of relapses. Comparative trials are limited in duration and scope, and as a result, there are no data to support one or a few specific agents as being more efficacious than others. Lower potency corticosteroids should generally be used for limited periods of time on the face, intertriginous areas, areas with thin skin, and in infants. In other areas and in adults, mid- or high-potency agents are generally recommended as initial therapy. Patients with thick, chronic plaques often require treatment with the highest potency corticosteroids. Many factors can alter the efficacy of topical corticosteroids, including the vehicle, the area of usage, the presence or absence of occlusion, patient preference, and the age of the patient.

The AAD guideline recommendations on dosage⁸⁹⁻⁹¹

TCS are grouped into classes, from very low potency to very high potency. With a lack of AD studies that examine a range of TCS doses in large numbers of patients and without an established optimum, great variability in dosing exists. Some use a short burst of a high-potency TCS to rapidly control active disease, followed by a quick taper in potency, whereas others use the lowest-potency agent thought to be needed and adjust upward only if this fails. However, in a large systematic review of topical corticosteroids for the treatment of psoriasis, potent and very potent topical corticosteroids were shown to be more efficacious than mild or moderate corticosteroids. During significant acute flares, the use of mid- or higher-potency TCS for short courses may be appropriate to gain rapid control of symptoms, even in

children. However, for long-term management, the least-potent corticosteroid that is effective should be used to minimize the risk of adverse effects. The choice of the appropriate potency corticosteroid and its vehicle should take into consideration the disease severity, the location being treated, patient preference, as well as the age of the patient.

The AAD guideline recommendations on frequency of application⁸⁹⁻⁹¹

Most studies on the efficacy of TCS in AD management involve twice daily application. This is the most common clinical practice and also the generally recommended frequency. However, there is evidence to suggest that once daily application of some potent corticosteroids may be as effective for AD as twice daily application.

For acute flares, use of TCS is recommended every day until the inflammatory lesions are significantly improved and less thick, for up to several weeks at a time. In recent years, a more proactive approach to maintenance has been advocated for those patients who experience frequent, repeat outbreaks at the same body sites. This entails the scheduled application of a TCS once to twice weekly at these particular locations, a method which has reduced rates of relapse and increased time to first flare relative to the use of moisturizers alone.

For very potent corticosteroids, the available data allow for 2 to 4 weeks of use with increased risk of both cutaneous side effects and systemic absorption if used continuously for longer periods of time. The optimal end point for the use of the less potent agents is not known. When topical corticosteroids are used to treat psoriasis, it is recommended that a gradual reduction in the frequency of usage following clinical response be instituted, although the exact details of this tapering are not well established. A significant limitation of most clinical trials evaluating the safety and efficacy of TCS for the treatment of psoriasis is the short duration of treatment of only several weeks, which does not allow for an assessment of the efficacy or the risks of longer term therapy. Furthermore, psoriasis invariably recurs after discontinuation of topical corticosteroid treatment.

The continuous use of very high potency topical corticosteroids should normally be limited to no more than twice daily for up to 2 to 4 weeks and no more than 50 g/wk.

The AAD guideline recommendations on adverse effects and monitoring⁸⁹⁻⁹¹

The incidence of reported side effects from TCS use is low; however, most studies fail to follow patients long term for potential complications. Cutaneous side effects include purpura, telangiectasia, striae, focal hypertrichosis, and acneiform or rosacea-like eruptions. Of greatest concern is skin atrophy, which can be induced by any TCS, though higher-potency agents, occlusion, use on thinner skin, and older patient age increase this risk. Many of these side effects will resolve after discontinuing TCS use, but may take months. Sites of treatment should be assessed regularly for these adverse effects, particularly with use of more potent agents. Continuous application of TCS for long periods of time should be avoided, to limit the occurrence of negative changes. Proactive, once to twice weekly application of mid-potency TCS for up to 40 weeks has not demonstrated these adverse events in clinical trials.

Topically applied corticosteroids, particularly high- and very high-potency agents, can be absorbed at a degree sufficient to cause systemic side effects. The risk of hypothalamic-pituitary-adrenal axis suppression is low but increases with prolonged continuous use, especially in individuals receiving corticosteroids concurrently in other forms (inhaled, intranasal, or oral). Children are more susceptible as a result of a greater body surface to weight ratio. This limitation is based on the evidence available from controlled studies and detailed in package inserts. However, longer durations of therapy are frequently utilized in clinical practice with appropriate supervision and attention to potential side effects.

Another possible concern with the use of topical corticosteroids in the treatment of psoriasis is rebound, wherein disease recurs worse than the pretreatment baseline after the topical corticosteroid is discontinued. Although rebound is known to occur most typically when topical corticosteroids are abruptly discontinued, its frequency and severity are poorly characterized.

It is important to monitor quantities of TCS used over time, which may impact efficacy and safety. Although TCS remain the mainstay of topical therapy for psoriasis, the most potent and efficacious of these agents are approved for only a short-term treatment (2-4 weeks). However, since potent TCS are often used in the longer term in clinical practice, such patients should be carefully monitored to detect possible side effects at the earliest stage.

ALCLOMETASONE DIPROPIONATE	Strength	MONY	B/G	UOM	Potency	Max Dosing	1 MONTH LIMIT 3 MONTH LIMIT
ALCLOMETASONE CREAM	0.05%	Y	Generic	GM	Low to medium	two or three times daily	240 720
ALCLOMETASONE OINTMENT	0.05%	Y	Generic	GM	Low to medium	two or three times daily	240 720
AMCINONIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
AMCINONIDE CREAM	0.1%	Y	Generic	GM	high	two to three times daily	180 540
AMCINONIDE LOTION	0.1%	Y	Generic	ML	high	two to three times daily	180 540
AMCINONIDE OINTMENT	0.1%	N	Brand	GM	high	two to three times daily	180 540
BETAMETHASONE DIPROPIONATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
SERNIVO SPRAY	0.05%	N	Brand	ML	medium	twice daily, 4 weeks	240 720
BETAMETHASONE DIPROPIONATE CREAM	0.05%	Y	Generic	GM	medium	once or twice daily	180 540
BETAMETHASONE DIPROPIONATE LOTION	0.05%	Y	Generic	ML	medium	twice daily	180 540
BETAMETHASONE DIPROPIONATE OINTMENT	0.05%	Y	Generic	GM	very high	once or twice daily / 50 g per week	180 540
DIPROLENE AF AUGMENTED CREAM	0.05%	O	Brand	GM	high	once or twice daily / 50 g per week	180 540
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	0.05%	Y	Generic	GM			
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	0.05%	Y	Generic	GM	very high	once or twice daily / 50 g per week, 2 weeks	180 540
BETAMETHASONE DIPROPIONATE AUGMENTED LOTION	0.05%	Y	Generic	ML	very high	once or twice daily / 50 mL per week, 2 weeks	180 540
DIPROLENE AUGMENTED OINTMENT	0.05%	O	Brand	GM	very high	once or twice daily / 50 g per week	180 540
BETAMETHASONE DIPROPIONATE AUGMENTED OINTMENT	0.05%	Y	Generic	GM			
BETAMETHASONE VALERATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
BETAMETHASONE VALERATE CREAM	0.1%	Y	Generic	GM	medium	one to three times daily	180 540
LUXIQ AEROSOL FOAM	0.12%	O	Brand	GM	medium	twice daily	180 540
BETAMETHASONE VALERATE AEROSOL FOAM	0.12%	Y	Generic	GM			
BETAMETHASONE VALERATE LOTION	0.1%	Y	Generic	ML	medium	twice daily	180 540
BETAMETHASONE VALERATE OINTMENT	0.1%	Y	Generic	GM	medium	one to three times daily	180 540
CLOBETASOL PROPIONATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CLOBEX SPRAY	0.05%	O	Brand	ML	very high	twice daily / 52 sprays per day, 59mL per week, 4 weeks	240 720
CLOBETASOL SPRAY	0.05%	Y	Generic	ML			
CLOBETASOL SOLUTION (Cormax)	0.05%		Generic	ML	high	twice daily / 50mL per week, 2 weeks	180 540
IMPOYZ CREAM	0.025%	N	Brand	GM	high	twice daily / 50gm per week, 2 weeks	180 540
TEMOVATE CREAM	0.05%	O	Brand	GM	very high	twice daily / 50gm per week, 2 weeks	180 540

CorticosteroidsTopicalLimit_QL_ALL_Rx

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CLOBETASOL CREAM	0.05%	Y	Generic	GM			
OLUX AEROSOL FOAM	0.05%	O	Brand	GM	very high	twice daily / 21 capfuls per week, 50gm per week, 2 weeks	180 540
CLOBETASOL AEROSOL FOAM	0.05%	Y	Generic	GM			
CLOBETASOL GEL	0.05%	Y	Generic	GM	very high	twice daily / 50gm per week, 2 weeks	180 540
CLOBEX LOTION	0.05%	O	Brand	ML	very high	twice daily / 50mL per week, 2 weeks	180 540
CLOBETASOL LOTION	0.05%	Y	Generic	ML			
TEMOVATE OINTMENT	0.05%	O	Brand	GM	very high	twice daily / 50gm per week, 2 weeks	180 540
CLOBETASOL OINTMENT	0.05%	Y	Generic	GM			
CLOBEX SHAMPOO	0.05%	O	Brand	ML	very high	once a day / 50mL per week, 4 weeks	240 720
CLOBETASOL SHAMPOO (Clodan)	0.05%	Y	Generic	ML			
CLOBETASOL E EMOLLIENT CREAM	0.05%	Y	Generic	GM	very high	twice daily / 50gm per week, psoriasis: 4 weeks; dermatoses: 2 weeks	180 540
OLUX-E AEROSOL EMULSION FOAM	0.05%	O	Brand	GM	very high	twice daily / 21 capfuls per week, 50gm per week, 2 weeks	180 540
CLOBETASOL AEROSOL EMULSION FOAM	0.05%	Y	Generic	GM			
CLOCORTOLONE PIVALATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CLODERM CREAM	0.10%	O	Brand	GM	medium	three times a day	180 540
CLOCORTOLONE CREAM	0.10%	Y	Generic	GM			
DESONIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
DESOWEN CREAM	0.05%	O	Brand	GM	Low to medium	two or three times daily	240 720
DESONIDE CREAM	0.05%	Y	Generic	GM			
TRIDESILON CREAM	0.05%	O	Brand	GM	Low	two to four times daily	240 720
DESONIDE CREAM	0.05%	Y	Generic	GM			
VERDESO AEROSOL FOAM	0.05%	N	Brand	GM	Low	twice daily, 4 weeks	240 720
DESONATE GEL	0.05%	N	Brand	GM	Low	two times daily, 4 weeks	240 720
DESOWEN LOTION	0.05%	O	Brand	ML	Low to medium	two or three times daily	240 720
DESONIDE LOTION	0.05%	Y	Generic	ML			
DESONIDE OINTMENT	0.05%	Y	Generic	GM	Low	two to four times daily	240 720
DESOXIMETASONE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
TOPICORT SPRAY	0.25%	O	Brand	ML	high to very high	twice daily, 4 weeks	240 720
DESOXIMETASONE SPRAY	0.25%	Y	Generic	ML			
TOPICORT CREAM	0.05%	O	Brand	GM	medium	twice daily	180 540

DESOXIMETASONE CREAM	0.05%	Y	Generic	GM			
TOPICORT CREAM	0.25%	O	Brand	GM	high	twice daily	180 540
DESOXIMETASONE CREAM	0.25%	Y	Generic	GM			
TOPICORT GEL	0.05%	O	Brand	GM	high	twice daily	180 540
DESOXIMETASONE GEL	0.05%	Y	Generic	GM			
TOPICORT OINTMENT	0.05%	O	Brand	GM	high	twice daily	180 540
DESOXIMETASONE OINTMENT	0.05%	Y	Generic	GM			
TOPICORT OINTMENT	0.25%	O	Brand	GM	high	twice daily	180 540
DESOXIMETASONE OINTMENT	0.25%	Y	Generic	GM			
DIFLORASONE DIACETATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PSORCON CREAM	0.05%	N	Brand	GM	high	twice daily	180 540
DIFLORASONE CREAM	0.05%	Y	Generic	GM			
DIFLORASONE OINTMENT	0.05%	Y	Generic	GM	very high	one to three times daily	180 540
APEXICON E CREAM	0.05%	N	Brand	GM	high	one to three times daily	180 540
FLUOCINOLONE ACETONIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
DERMA-SMOOTH /FS BODY OIL	0.01%	O	Brand	ML	Low to medium	adults: three times daily; pediatrics: twice daily, 4 weeks	240 720
FLUOCINOLONE BODY OIL	0.01%	Y	Generic	ML			
DERMA-SMOOTH /FS SCALP OIL	0.01%	O	Brand	ML	Low to medium	Apply for 4 hours or overnight	240 720
FLUOCINOLONE SCALP OIL	0.01%	Y	Generic	ML			
SYNALAR SOLUTION	0.01%	O	Brand	ML	Low	two to four times daily	240 720
FLUOCINOLONE SOLUTION	0.01%	Y	Generic	ML			
FLUOCINOLONE CREAM	0.01%	Y	Generic	GM	Low	two to four times daily	240 720
SYNALAR CREAM	0.025%	O	Brand	GM	medium	two to four times daily	240 540
FLUOCINOLONE CREAM	0.025%	Y	Generic	GM			
SYNALAR OINTMENT	0.025%	O	Brand	GM	medium	two to four times daily	240 540
FLUOCINOLONE OINTMENT	0.025%	Y	Generic	GM			
CAPEX SHAMPOO	0.01%	N	Brand	ML	Low to medium	1 ounce once daily	240 720
FLUOCINONIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
FLUOCINONIDE SOLUTION	0.05%	Y	Generic	ML	high	two to four times daily	180 540
FLUOCINONIDE CREAM	0.05%	Y	Generic	GM	high	two to four times daily	180 540
VANOS CREAM	0.1%	O	Brand	GM	very high	psoriasis: once or twice daily / 60gm per week, 2 weeks; atopic dermatitis, other dermatoses: once daily / 60gm per week, 2 weeks	180 540
FLUOCINONIDE CREAM	0.1%	Y	Generic	GM			

FLUOCINONIDE GEL	0.05%	Y	Generic	GM	high	two to four times daily	180 540
FLUOCINONIDE OINTMENT	0.05%	Y	Generic	GM	high	two to four times daily	180 540
FLUOCINONIDE-E EMULSIFIED CREAM	0.05%	Y	Generic	GM	high	two to four times daily	180 540
FLURANDRENOLIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
CORDRAN CREAM	0.025%	N	Brand	GM	high	2 or 3 times a day	240 540
CORDRAN CREAM	0.05%	O	Brand	GM	high	2 or 3 times a day	240 540
FLURANDRENOLIDE CREAM (Nolix)	0.05%	Y	Generic	GM			
CORDRAN LOTION	0.05%	O	Brand	ML	high	2 or 3 times a day	240 540
FLURANDRENOLIDE LOTION (Nolix)	0.05%	Y	Generic	ML			
CORDRAN OINTMENT	0.05%	O	Brand	GM	high	2 or 3 times a day	180 540
FLURANDRENOLIDE OINTMENT	0.05%	Y	Generic	GM			
CORDRAN TAPE	4 MCG / SQCM	N	Brand	EA	high	replace tape every 12 hours	2 Rolls
FLUTICASONE PROPIONATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
FLUTICASONE CREAM	0.05%	Y	Generic	GM	medium	atopic dermatitis: once or twice daily; other dermatoses: twice daily / pediatrics: 4 weeks	180 540
CUTIVATE LOTION	0.05%	O	Brand	ML	medium	once daily / 4 weeks	240 540
FLUTICASONE LOTION	0.05%	Y	Generic	ML			
FLUTICASONE OINTMENT	0.005%	Y	Generic	GM	medium	twice daily	180 540
HALCINONIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
HALOG CREAM	0.1%	N	Brand	GM	high	two to three times daily	180 540
HALOG OINTMENT	0.1%	N	Brand	GM	high	two to three times daily	180 540
HALOBETASOL PROPIONATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
ULTRAVATE CREAM	0.05%	O	Brand	GM	very high	once or twice daily / 50gm per week, 2 weeks	180 540
HALOBETASOL CREAM	0.05%	Y	Generic	GM			
LEXETTE AEROSOL FOAM	0.05%	M	Brand	GM	high to very high	twice daily / 50gm per week, 2 weeks	180 540
HALOBETASOL AEROSOL FOAM	0.05%	M	Brand	GM			
BRYHALI LOTION	0.01%	N	Brand	GM	high to very high	once daily / 50gm per week, 8 weeks	180 540
ULTRAVATE LOTION	0.05%	N	Brand	ML	very high	twice daily / 50mL per week, 2 weeks	180 540
ULTRAVATE OINTMENT	0.05%	O	Brand	GM	very high	once or twice daily / 50gm per week, 2 weeks	180 540
HALOBETASOL OINTMENT	0.05%	Y	Generic	GM			
HYDROCORTISONE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT

TEXACORT SOLUTION	2.5%	N	Brand	ML	Low	three or four times daily	240 720
HYDROCORTISONE CREAM	1%	Y	Generic	GM	Low	two to four times daily	240 720
HYDROCORTISONE CREAM	2.5%	Y	Generic	GM	Low	two to four times daily	240 720
ALA SCALP LOTION	2%	N	Brand	ML	Low	two to four times daily	240 720
HYDROCORTISONE LOTION	2.5%	Y	Generic	ML	Low	two to four times daily	240 720
HYDROCORTISONE OINTMENT	1%	Y	Generic	GM	Low	three or four times a day	240 720
HYDROCORTISONE OINTMENT	2.5%	Y	Generic	GM	Low	two to four times daily	240 720
HYDROCORTISONE ACETATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
MICORT-HC CREAM	2.5%	N	Brand	GM	Low	two to four times daily	240 720
HYDROCORTISONE VALERATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
HYDROCORTISONE VALERATE CREAM	0.2%	Y	Generic	GM	medium	two or three times daily	180 540
WESTCORT OINTMENT	0.2%	O	Brand	GM	medium	two or three times daily	180 540
HYDROCORTISONE VALERATE OINTMENT	0.2%	Y	Generic	GM			
HYDROCORTISONE PROBUTATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PANDEL CREAM	0.1%	N	Brand	GM	medium	once or twice a day	180 540
HYDROCORTISONE BUTYRATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
LOCOID SOLUTION	0.1%	O	Brand	ML	medium	two or three times daily	180 540
HYDROCORTISONE BUTYRATE SOLUTION	0.10%	Y	Generic	ML			
LOCOID CREAM	0.1%	O	Brand	GM	medium	2 to 3 times daily	180 540
HYDROCORTISONE BUTYRATE CREAM	0.1%	Y	Generic	GM			
LOCOID LOTION	0.1%	O	Brand	ML	medium	two times daily, 4 weeks	180 540
HYDROCORTISONE LOTION	0.1%	Y	Generic	ML			
LOCOID OINTMENT	0.1%	O	Brand	GM	medium	two or three times daily	180 540
HYDROCORTISONE BUTYRATE OINTMENT	0.1%	O	Generic	GM			
LOCOID HYDROPHILIC LIPOCREAM	0.1%	O	Brand	GM	medium	2 or 3 times daily, 4 weeks	180 540
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPOCREAM	0.10%	Y	Generic	GM			
MOMETASONE FUROATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
MOMETASONE SOLUTON	0.1%	Y	Generic	ML	medium	once daily	180 540
ELOCON CREAM	0.1%	O	Brand	GM	medium	once daily	180 540
MOMETASONE CREAM	0.1%	Y	Generic	GM			
ELOCON OINTMENT	0.1%	O	Brand	GM	medium	once daily	180 540

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MOMETASONE OINTMENT	0.1%	Y	Generic	GM			
PREDNICARBATE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
PREDNICARBATE CREAM	0.1%	Y	Generic	GM	medium	twice daily, pediatrics: 3 weeks	180 540
DERMATOP OINTMENT	0.1%	O	Brand	GM	medium	twice daily	180 540
PREDNICARBATE OINTMENT	0.1%	Y	Generic	GM			
TRIAMCINOLONE ACETONIDE	Strength	MONY	B/G	UOM	Potency	Dosing	1 MONTH LIMIT 3 MONTH LIMIT
KENALOG AEROSOL SPRAY	SPRAY	O	Brand	GM	high	Three or four applications daily	240 720
TRIAMCINOLONE AEROSOL SPRAY	SPRAY	Y	Generic	GM			
TRIAMCINOLONE CREAM	0.025%	Y	Generic	GM	medium	two to four times daily	180 540
TRIAMCINOLONE CREAM (Triderm)	0.1%	Y	Generic	GM	medium	two or three times daily	180 540
TRIAMCINOLONE CREAM (Triderm)	0.5%	Y	Generic	GM	high	two or three times daily	180 540
TRIAMCINOLONE LOTION	0.025%	Y	Generic	ML	medium	three to four times daily	180 540
TRIAMCINOLONE LOTION	0.1%	Y	Generic	ML	medium	three to four times daily	180 540
TRIAMCINOLONE OINTMENT	0.025%	Y	Generic	GM	medium	two to four times daily	180 540
TRIANEX OINTMENT	0.05%	N	Brand	GM	medium	two to four times a day	430 540
TRIAMCINOLONE OINTMENT	0.1%	Y	Generic	GM	medium	two or three times daily	180 540
TRIAMCINOLONE OINTMENT	0.5%	Y	Generic	GM	high	2 to 3 times daily	180 540

REFERENCES

1. Ala Scalp Lotion [package insert]. Johnson City, TN: Crown Laboratories, Inc.; May 2017.
2. Alclometasone Cream [package insert]. Hawthorne, NY: Taro Pharmaceuticals Inc.; April, 2015.
3. Alclometasone Ointment [package insert]. Hawthorne, NY: Taro Pharmaceuticals Inc.; January 2017.
4. Amcinonide Cream [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; August 2012.
5. Amcinonide Lotion [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; July 2012.
6. Amcinonide Ointment [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; August 2012.
7. ApexiCon E Cream [package insert]. Melville, NY: PharmaDerm; October 2018.
8. Betamethasone Dipropionate Cream [package insert]. South Plainfield, NJ: G&W Laboratories, Inc.; June 2015.
9. Betamethasone Dipropionate Lotion [package insert]. South Plainfield, NJ: G&W Laboratories, Inc.; January 2016.
10. Betamethasone Dipropionate Ointment [package insert]. Buena, New Jersey: Teligent Pharma, Inc.; September 2017.
11. Betamethasone Dipropionate Augmented Gel [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; November 2011.
12. Betamethasone Dipropionate Augmented Lotion [package insert]. Melville, NY: Fougera Pharmaceuticals Inc.; May 2018.
13. Betamethasone Valerate Cream, Ointment [package insert]. South Plainfield, NJ: G&W Laboratories, Inc.; November 2016.
14. Betamethasone Valerate Lotion [package insert]. Newtown, PA: STI Pharma LLC; July 2017.
15. Bryhali Lotion [package insert]. Laval, Quebec: Valeant Pharmaceuticals North America LLC; November 2018.
16. Capex Shampoo [package insert]. Fort Worth, Texas: Galderma Laboratories, L.P.; December 2015
17. Clobetasol Propionate Gel [package insert]. Buena, NJ: Teligent Pharma, Inc.; March 2017, Solution [package insert]. South Plainfield, NJ: G&W Laboratories, Inc. March 2015.

18. Clobetasol Propionate Emollient Base Cream [package insert]. Melville, New York: Fougera Pharmaceuticals Inc., September 2016.
19. Clobetasol Propionate Solution [package insert]. South Plainfield: G&W Laboratories, Inc.; March 2015.
20. Clobex Lotion [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
21. Clobex Shampoo [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; February 2018.
22. Clobex Spray [package insert]. Fort Worth, TX: Galderma Laboratories, L.P.; January 2019.
23. Cloderm Cream [package insert]. San Antonio, TX: DPT Laboratories; June 2017.
24. Cordran Cream, Ointment [package insert]. San Antonio, TX: DPT Laboratories; May 2017.
25. Cordran Lotion [package insert]. San Antonio, TX: DPT Laboratories; July 2016,
26. Cordran Tape [package insert]. St. Paul, MN; 3M Company; May 2018.
27. Cutivate Lotion [package insert]. Melville, NY: PharmaDerm; July 2015.
28. Derma-Smoothe/FS Body Oil [package insert]. Sanford, FL: Hill Dermaceuticals, Inc.; October 2013.
29. Derma-Smoothe/FS Scalp Oil [package insert]. Sanford, FL: Hill Dermaceuticals, Inc.; January 2014.
30. Dermatop Ointment [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; November 2012.
31. Desonate Gel [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; July 2014.
32. Desonide Ointment [package insert]. Hawthorne, NY: Taro Pharmaceuticals U.S.A., Inc.; October 2015.
33. DesOwen Cream, Lotion [package insert]. Fort Worth, TX: Galderma; May 2014.
34. Diflorasone Diacetate Ointment [package insert]. Melville, NY: E. Fougera & CO.; July 2018. July 2013.
35. Diprolene Ointment [package insert]. Whitehouse Station, NJ: Merck Sharp and Dohme Corp.; March 2018.
36. Diprolene AF Cream [package insert]. Whitehouse Station, NJ: Merck Sharp and Dohme Corp.; March 2018.
37. Elocon Cream [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; May 2018.
38. Elocon Ointment [package insert]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; May 2018.
39. Fluocinolone Acetonide 0.01% Cream [package insert]. South Plainfield, NJ: G & W Laboratories, Inc. August 2012
40. Fluocinonide Cream 0.05%, Gel, Ointment, Emulsified Base Cream [package insert]. Hawthorne, NY: Taro Pharmaceuticals U.S.A., Inc.; November 2017.
41. Fluocinonide Solution [package insert]. South Plainfield, NJ: G&W Laboratories, Inc.; March 2015
42. Fluticasone Propionate Cream [package insert]. South Plainfield, NJ: G&W Laboratories, Inc.; May 2015.
43. Fluticasone Propionate Ointment [package insert]. South Plainfield, NJ: G&W Laboratories, Inc; February 2017.
44. Halog Cream [package insert]. San Antonio TX: DPT Laboratories, Inc.; May 2018.
45. Halog Ointment [package insert]. San Antonio TX: DPT Laboratories, Inc.; May 2018.
46. Hydrocortisone Cream 1% [package insert]. Johnson City, TN: Crown Laboratories, Inc; December 2017.
47. Hydrocortisone Cream 2.5%, Ointment 2.5% [package insert]. Bronx, NY; Perrigo; August 2015.
48. Hydrocortisone Lotion 2.5% [package insert]. Bronx, NY; Perrigo; October 2015.
49. Hydrocortisone Ointment 1% [package insert]. Melville, New York: E. Fougera & Co. December 2011.
50. Hydrocortisone Valerate Cream [package insert]. Bronx NY: Perrigo May 2015.
51. Impozz Cream [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; November 2017.
52. Kenalog Spray [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; May 2018
53. Lexette Foam [package insert]. Easton, MA: Pharnasol Corporation,; May 2018
54. Locoid Cream [package insert]. Ferndale, MI: Ferndale Laboratories, Inc; October 2018.
55. Locoid Lotion [package insert]. Ferndale, MI: Ferndale Laboratories, Inc; January 2018.
56. Locoid Ointment [package insert]. Ferndale, MI: Ferndale Laboratories, Inc; October 2014.
57. Locoid Solution [package insert]. Ferndale, MI: Ferndale Laboratories, Inc; December 2018.
58. Locoid Lipocream [package insert]. Ferndale, MI: Ferndale Laboratories, Inc; December 2018.
59. Luxiq Foam [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; April 2018.
60. MiCort-HC Cream [package insert]. Ferndale, MI: Ferndale Laboratories, Inc; February 2016.
61. Mometasone Furoate Solution [package insert]. Allegan, MI: Perrigo; September 2015.
62. Olux Foam [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; April 2018
63. Olux-E Foam [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; May 2018
64. Pandel Cream [package insert]. Melville, NY: PharmaDerm; January 2017.
65. Prednicarbate Cream [package insert]. Melville, NY: Fougera Pharmaceuticals Inc. October 2015
66. Psorcon Cream [package insert]. Hawthorne, NY: TaroPharma; May 2018.
67. Sernivo Spray [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; February 2016
68. Synalar Cream [package insert]. Buena, NJ: Teligent Pharma, Inc.; November 2016. Solution; April 2017.
69. Synalar Ointment [package insert]. Buena, NJ: Teligent Pharma, Inc.; November 2016. Solution; April 2017.
70. Temovate Cream, Ointment [package insert]. Melville, NY: PharmaDerm January 2018
71. Texacort Solution [package insert]. San Antonio, TX: Mission Pharmacal Company, March 2012

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72. Topicort Cream, Gel [package insert]. Hawthorne, NY: TaroPharma; September 2015.
73. Topicort Ointment 0.05% [package insert]. Hawthorne, NY: TaroPharma; September 2015.
74. Topicort Ointment 0.25% [package insert]. Hawthorne, NY: TaroPharma; September 2015.
75. Topicort Spray [package insert]. Hawthorne, NY: TaroPharma; December 2015.
76. Triamcinolone Acetonide Cream [package insert]. Melville, NY: Fougera Pharmaceuticals, Inc; June 2015.
77. Triamcinolone Acetonide Lotion [package insert]. Melville, NY: Fougera Pharmaceuticals, Inc; May 2015.
78. Triamcinolone Acetonide Ointment 0.025%, 1% [package insert]. Melville, NY: Fougera Pharmaceuticals, Inc; May 2013.
79. Triamcinolone Acetonide Ointment 0.5% [package insert]. Plainfield, NJ: G&W Laboratories, Inc. June 2016.
80. Trianex Ointment [package insert]. Farmville, NC: CMP Pharma, Inc; March 2017.
81. Tridesilon Cream [package insert]. Bronx, NY: Perrigo; June 2016.
82. Ultravate Cream, Ointment [package insert]. Jacksonville, FL: Ranbaxy; August 2012.
83. Ultravate Lotion [package insert]. Jacksonville, FL: Ranbaxy; March 2018.
84. Vanos Cream [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; May 2017.
85. Verdeso Foam [package insert]. San Antonio, TX: DPT Laboratories, Ltd.; December 2017.
86. Westcort Ointment [package insert]. Jacksonville, FL: Ranbaxy; July 2009.
87. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed March 2019.
88. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed March 2019.
89. Atopic Dermatitis: Topical Corticosteroids Recommendations. <https://www.aad.org/practicecenter/quality/clinical-guidelines/atopic-dermatitis/topical-therapy/topical-corticosteroids-recommendations>. Accessed March 2019.
90. Eichenfield L, Tom W, Berger T, 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; 71:116-32.
91. Menter A, Korman N, Elmets C, et al. Guidelines of Care for the Management of Psoriasis and Psoriatic Arthritis. Section 3. Guidelines of Care for the Management and Treatment of Psoriasis with Topical therapies. *J Am Acad Dermatol* 2009; 60:643-59.
92. Burn Triage and Treatment - Thermal Injuries. Available at: <https://chemm.nlm.nih.gov/burns.htm>. Accessed March 2019.
93. Trianex. <https://www.trianexointment.com/hcp/> Accessed March 2019.

Written by: UM Development (KM)
 Date Written: 09/2017
 Revised: 12/2017 (added Impozz); 06/2018, 11/2018 (added Bryhali), (TM/ME) 03/2019 (added all dosage forms and revised limits based on potency, dosage form, and packaging)
 Reviewed: Medical Affairs: (AN) 10/2017; (LMS) 12/2017; (DNC) 06/2018; (ME) 10/2018; (AN) 11/2018, (GD) 04/2019
 External Review: 12/2017, 02/2017, 10/2018, 12/2018 (FYI), 05/2019

CRITERIA FOR APPROVAL

1	Is the requested drug being prescribed for a corticosteroid-responsive dermatosis or condition (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis)?	Yes	No
2	Does the patient require more than 180gm or 180mL or 2 rolls of tape per month? [If no, then no further questions.]	Yes	No
3	Is this request for any of the following LOW potency products: A) Alclometasone, B) Desonide, (Desonate, DesOwen, Tridesilon, Verdeso foam), C) Fluocinolone acetonide 0.01 percent, (Synalar solution), D) Hydrocortisone 1, 2, or 2.5 percent, (Ala-Scalp, Texacort), E) Hydrocortisone acetate 2.5 percent cream, (MiCort HC)? [If yes, then skip to question 5.]	Yes	No
4	Is this request for an oil, shampoo, or spray? [Oil examples are Derma-Smoother/FS, Shampoo examples are Capex, Clobex,	Yes	No

Spray examples are Clobex, Kenalog, Sernivo, Topicort]
 [If no, then skip to question 6.]

5 Does the patient require more than 240gm or 240mL per month? Yes No
 [No further questions.]

[RPh Note: If yes, then deny and partial approve 240gm or 240mL / 25 days*, 720gm or 720mL / 75 days*.]

6 Is this request for any of the following: A) Fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent), B) Flurandrenolide cream, lotion, (Cordran cream, Cordran lotion), C) Fluticasone lotion (Cutivate lotion)? Yes No
 [If no, then skip to question 8.]

7 Does this request exceed 240gm or 240mL per month? Yes No
 [If no, then skip to question 10.]

[RPh Note: If yes, then deny and partial approve 240gm or 240mL / 25 days* and 540gm or 540mL / 75 days*.]

8 Is this request for Trianex (triamcinolone acetonide 0.05 percent ointment)? Yes No

[RPh Note: If no, then deny and partial approve 180gm or 180mL or 2 rolls of tape / 25 days*, 540gm or 540mL or 6 rolls of tape / 75 days*.]

9 Does this request exceed 430 grams per month? Yes No

[RPh Note: If yes, then deny and partial approve 430gm/25 days* and 540gm/75 days*.]

10 Does this request exceed 540gm or 540mL per THREE months? Yes No

[RPh Note: For Trianex (triamcinolone acetonide 0.05 percent ointment): If yes, then deny and partial approve 430gm/25 days* and 540gm/75 days*.]

[RPh Note: For Fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent), Flurandrenolide cream, lotion, (Cordran cream, Cordran lotion), Fluticasone lotion (Cutivate lotion): If yes, then deny and partial approve 240gm or 240mL / 25 days* and 540gm or 540mL / 75 days*.]

Mapping Instructions

	Yes	No	DENIAL REASONS – DO NOT USE FOR MEDICARE PART D
1.	Go to 2	Deny	You do not meet the requirements of your plan. Your plan covers additional quantities of this drug when you have a condition that responds to topical corticosteroids (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis). Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]
2.	Go to 3	Approve, 6 months, 180gm or 180mL or 2 rolls per 25 days*, 540gm or 540mL or 6 rolls per 75 days*	

3.	Go to 5	Go to 4	
4.	Go to 5	Go to 6	
5.	Deny	Approve, 6 months, 240gm or 240mL per 25 days*, 720gm or 720mL per 75 days*	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 240 grams or 240 milliliters per month of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
6.	Go to 7	Go to 8	
7.	Deny	Go to 10	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 240 grams or 240 milliliters per month not to exceed 540 grams or 540 milliliters per 3 months of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
8.	Go to 9	Deny	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 180 grams or 180 milliliters or 2 rolls of tape per month of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
9.	Deny	Go to 10	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to 430 grams per month not to exceed 540 grams per 3 months of the requested drug and strength. You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
10.	Deny RPh Note: For the denial verbiage, only include the requested drug. Remove all the other drugs from the verbiage.	Approve, 6 months, Trianex (triamcinolone acetonide 0.05 percent ointment): 430gm/25 days* and 540gm/75 days*; or, Fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent), Flurandrenolide cream, lotion, (Cordran cream, Cordran lotion), Fluticasone lotion (Cutivate lotion):	You have requested more than the maximum quantity allowed by your plan. Current plan approved criteria cover up to: - 430 grams per month not to exceed 540 grams per 3 months of Trianex (triamcinolone acetonide 0.05 percent ointment) - 240 grams per month not to exceed 540 grams per 3 months of fluocinolone acetonide 0.025 percent, (Synalar 0.025 percent). - 240 grams per month not to exceed 540 grams per 3 months of flurandrenolide cream (Cordran cream). - 240 milliliters per month not to exceed 540 milliliters per 3 months of flurandrenolide lotion (Cordran lotion). - 240 milliliters per month not to exceed 540 milliliters per 3 months of fluticasone lotion (Cutivate lotion)

		240gm or 240mL/25 days* and 540gm or 540mL/75 days*	You have been approved for the maximum quantity that your plan covers for a duration of 6 months. Your request for additional quantities of the requested drug and strength has been denied. [Short Description: Over max quantity]
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* PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

* *The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing*