### Topical Corticosteroids
Effective August 1, 2019

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
</tr>
<tr>
<td>☒ Pharmacy Benefit</td>
<td>☒ Step Therapy</td>
</tr>
<tr>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty Limitations</th>
<th>Specialty Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MassHealth Phone: 877-433-7643 Fax: 866-255-7569</td>
<td>All Plans Phone: 844-345-2803 Fax: 844-851-0882</td>
</tr>
<tr>
<td>Commercial Phone: 800-294-5979 Fax: 888-836-0730</td>
<td></td>
</tr>
<tr>
<td>Exchange Phone: 855-582-2022 Fax: 855-245-2134</td>
<td></td>
</tr>
</tbody>
</table>

| Exceptions | N/A |

#### Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

#### Initial Step-Therapy Requirements:
**First-Line:** Medications listed on first-line are covered without prior-authorization.
**Second-Line:** Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

#### Coverage Guidelines
If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response or side effect to at least two different 1st-line topical corticosteroids.

<table>
<thead>
<tr>
<th><strong>FIRST-LINE</strong></th>
<th><strong>SECOND-LINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Potency:</td>
<td>Low Potency:</td>
</tr>
<tr>
<td>alclometasone</td>
<td>alclometasone</td>
</tr>
<tr>
<td>dipropionate</td>
<td>dipropionate 0.05% (cream)</td>
</tr>
<tr>
<td>0.05% (ointment)</td>
<td>desonide 0.05% (ointment, cream, lotion)</td>
</tr>
<tr>
<td>fluocinolone</td>
<td>fluocinolone acetamide 0.01% (cream, solution, body oil)</td>
</tr>
<tr>
<td>acetonide 0.01% (scalp oil)</td>
<td>hydrocortisone 2% (lotion)</td>
</tr>
<tr>
<td>hydrocortisone 0.5% (cream, ointment)</td>
<td>Medium Potency:</td>
</tr>
<tr>
<td>hydrocortisone 1% (lotion, cream, ointment, gel, solution)</td>
<td>Betamethasone valerate 0.12% aero foam</td>
</tr>
<tr>
<td>hydrocortisone 2.5% (cream, ointment, lotion)</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate 0.5% (cream)</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate 1% (cream)</td>
<td></td>
</tr>
</tbody>
</table>

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AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone butyrate 0.1% (cream, lotion)</td>
<td>Capex Shampoo</td>
</tr>
<tr>
<td><strong>Medium Potency:</strong></td>
<td>desoximetasone 0.05% (gel)</td>
</tr>
<tr>
<td>betamethasone dipropionate 0.05% (lotion, cream)</td>
<td>fluticasone 0.05% lotion</td>
</tr>
<tr>
<td>betamethasone valerate 0.1% (ointment, cream, lotion)</td>
<td>hydrocortisone butyrate 0.1% (ointment, cream)</td>
</tr>
<tr>
<td>fluocinolone acetonide 0.025% (cream, ointment)</td>
<td>hydrocortisone valerate 0.2% (cream, ointment)</td>
</tr>
<tr>
<td>fluticasone propionate 0.005% (ointment)</td>
<td>triamcinolone acetonide aerosol solution (spray)</td>
</tr>
<tr>
<td>fluticasone propionate 0.05% (cream)</td>
<td><strong>High Potency:</strong></td>
</tr>
<tr>
<td>mometasone furoate 0.1% (cream, lotion, ointment)</td>
<td>betamethasone dipropionate 0.05% (ointment)</td>
</tr>
<tr>
<td>prednicarbate 0.1% (ointment, cream)</td>
<td>desoximetasone 0.25% (cream, ointment)</td>
</tr>
<tr>
<td>triamcinolone acetonide 0.025% (cream, lotion, ointment)</td>
<td>fluocinonide 0.05% (ointment, gel)</td>
</tr>
<tr>
<td>triamcinolone acetonide 0.1% (cream, lotion, ointment)</td>
<td>fluocinonide emulsified base 0.05% (cream)</td>
</tr>
<tr>
<td><strong>High Potency:</strong></td>
<td></td>
</tr>
<tr>
<td>augmented betamethasone dipropionate 0.05% (cream)</td>
<td></td>
</tr>
<tr>
<td>fluocinonide 0.05% (cream, solution)</td>
<td><strong>Very High Potency:</strong></td>
</tr>
<tr>
<td>mometasone 0.1% solution</td>
<td>augmented betamethasone dipropionate 0.05% (gel, lotion)</td>
</tr>
<tr>
<td>triamcinolone acetonide 0.5% (cream, ointment)</td>
<td>clobetasol propionate 0.05% (shampoo, gel, cream, lotion, spray, ointment)</td>
</tr>
<tr>
<td><strong>Very High Potency:</strong></td>
<td>halobetasol propionate 0.05% (cream, ointment)</td>
</tr>
<tr>
<td>augmented betamethasone dipropionate 0.05% (ointment)</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate 0.05% (solution, foam)</td>
<td><strong>Combination Products:</strong></td>
</tr>
<tr>
<td>clobetasol propionate emollient 0.05% (cream)</td>
<td>pramoxine-HC 1-2.5% (lotion)</td>
</tr>
<tr>
<td></td>
<td>pramoxine-HC aerosol 1-1% (foam)</td>
</tr>
<tr>
<td><strong>Combination Products:</strong></td>
<td></td>
</tr>
<tr>
<td>hydrocortisone-aloe vera 1% (cream)</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone-aloe vera 0.5% (cream)</td>
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</tbody>
</table>

**Limitations**
1. Approvals will be granted for 12 months within the quantity limit.
2. An initial quantity limit of 120 grams per 25 days applies.

**References**
N/A

**Review History**
04/26/18 – Reviewed
04/17/19 – Updated (1st line additions: clobetasol foam, hydrocortisone cream and lotion, mometasone sol. 2nd line additions: betamethasone valerate foam, clobetasol lotion & spray, Capex Shampoo and fluticasone lotion)

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