

| Market Applicability | | | | | | | | | | | | | | |
|----------------------|----|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids

Non-Preferred High Potency Topical Corticosteroids

| Override(s) | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year |

| Medications | Comment |
|---|---------------|
| Amcinonide 0.1% ointment/lotion | Preferred |
| Betamethasone dipropionate 0.05% lotion | Preferred |
| Betamethasone dipropionate augmented 0.05% cream | Preferred |
| Betamethasone valerate 0.1% ointment | Preferred |
| Diflorasone 0.05% cream | Preferred |
| Fluocinonide-E 0.05% cream | Preferred |
| Triamcinolone 0.5% cream/ointment | Preferred |
| Amcinonide 0.1% cream | Non-Preferred |
| Apexicon E 0.05% cream | Non-Preferred |
| Betamethasone dipropionate 0.05% cream/ointment | Non-Preferred |
| Betamethasone dipropionate augmented 0.05% lotion/gel | Non-Preferred |
| Desoximetasone 0.05% gel, 0.25% cream/ointment/spray | Non-Preferred |
| Diprolene 0.05% lotion | Non-Preferred |
| Diprolene AF 0.05% cream | Non-Preferred |
| Fluocinonide 0.5% cream/gel/ointment/solution, 0.1% cream | Non-Preferred |
| Halog 0.1% cream/ointment | Non-Preferred |
| Psorcon 0.05% cream | Non-Preferred |
| Sernivo 0.05% spray | Non-Preferred |
| Topicort 0.05% gel, 0.25% cream/ointment/spray | Non-Preferred |
| Triderm 0.5% cream | Non-Preferred |
| Vanos 0.1% cream | Non-Preferred |

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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| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | KY | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | X | NA | NA | X | NA | X | X | X | X | X | NA | NA | X |

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APPROVAL CRITERIA

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

- I. Individual has had a trial and inadequate response or intolerance to two preferred 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.

| State Specific Mandates | | |
|-------------------------|----------------|---|
| State name | Date effective | Mandate details (including specific bill if applicable) |
| N/A | N/A | N/A |

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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