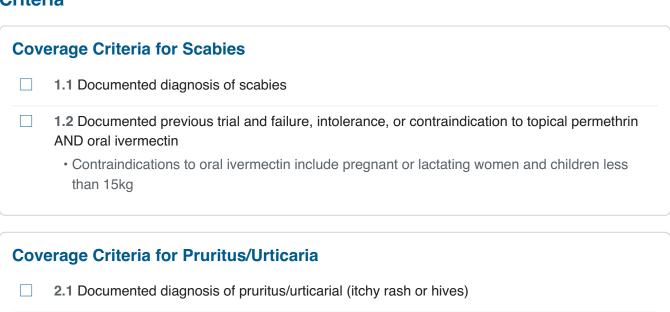


## **Pharmacy Drug Policy Checklist**

POLICY NAME Crotan (crotamiton) POLICY # 2416P

## Criteria



2.2 Documented previous trial and failure, intolerance, or contraindication to topical steroids

AND antihistamines (hydrocortisone, cetirizine, loratadine, fexofenadine, etc)