**Topical Agents: Corticosteroids**

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| Criteria 1 | Non-Preferred- Alclometasone, Apexicon E, Betamethasone Dipropionate, Betamethasone Dipropionate/Calcipotriene Susp, Betamethasone Valerate Aerosol Foam, Bryhali, Clocortolone Pivalate, Cordran Tape, Desonate Gel, Desonide Lotion, Desoximetasone, Fluocinolone Acetonide 0.01% Oil, Fluocinolone Acetonide 0.025%, 0.1%, Fluticasone Propionate Lotion, Halcinonide Cream, Halobetasol Propionate, Hydrocortisone Butyrate, Valerate, Halog, Impeklo, Pandel, Triamcinolone Spray |

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| **Criteria Title** | Topical Agents: Corticosteroids | | |
| **Criteria Subtitle** | Non-Preferred Products | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | Preferred |  | | Non-Preferred | X | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code(s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ALCLOMETASONE | 007636 | GCNSeqNo |
| ALCLOMETASONE | 007637 | GCNSeqNo |
| APEXICON E | 041729 | GCNSeqNo |
| BETAMETHASONE DIPROPIONATE | 007568 | GCNSeqNo |
| BETAMETHASONE DIPROPIONATE | 007569 | GCNSeqNo |
| BETAMETHASONE DIPROPIONATE | 007570 | GCNSeqNo |
| BETAMETHASONE DIPROPIONATE | 016429 | GCNSeqNo |
| BETAMETHASONE DIPROPIONATE/CALCIPOTRIENE SUSP | 063988 | GCNSeqNo |
| BETAMETHASONE VALERATE AEROSOL FOAM | 026471 | GCNSeqNo |
| BRYHALI | 079262 | GCNSeqNo |
| CLOCORTOLONE PIVALATE | 007585 | GCNSeqNo |
| CORDRAN TAPE | 007601 | GCNSeqNo |
| DESONATE GEL | 062148 | GCNSeqNo |
| DESONIDE LOTION | 016650 | GCNSeqNo |
| DESOXIMETASONE | 007581 | GCNSeqNo |
| DESOXIMETASONE | 007582 | GCNSeqNo |
| DESOXIMETASONE | 007583 | GCNSeqNo |
| DESOXIMETASONE | 007584 | GCNSeqNo |
| DESOXIMETASONE | 041987 | GCNSeqNo |
| DESOXIMETASONE | 070883 | GCNSeqNo |
| FLUOCINOLONE ACETONIDE 0.01% OIL | 007507 | GCNSeqNo |
| FLUOCINOLONE ACETONIDE 0.01% OIL | 058950 | GCNSeqNo |
| FLUOCINOLONE ACETONIDE 0.025%, 0.1% | 007609 | GCNSeqNo |
| FLUOCINOLONE ACETONIDE 0.025%, 0.1% | 007611 | GCNSeqNo |
| FLUOCINOLONE ACETONIDE 0.025%, 0.1% | 015562 | GCNSeqNo |
| FLUTICASONE PROPIONATE LOTION | 059177 | GCNSeqNo |
| HALCINONIDE CREAM | 007625 | GCNSeqNo |
| HALOBETASOL PROPIONATE | 015605 | GCNSeqNo |
| HALOBETASOL PROPIONATE | 015606 | GCNSeqNo |
| HALOBETASOL PROPIONATE | 075826 | GCNSeqNo |
| HALOBETASOL PROPIONATE | 079214 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 007530 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 007531 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 016897 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 018275 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 053275 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 007532 | GCNSeqNo |
| HYDROCORTISONE BUTYRATE, VALERATE | 007533 | GCNSeqNo |
| HALOG | 007625 | GCNSeqNo |
| HALOG | 007627 | GCNSeqNo |
| HALOG | 007628 | GCNSeqNo |
| IMPEKLO | 081125 | GCNSeqNo |
| PANDEL | 030797 | GCNSeqNo |
| TRIAMCINOLONE SPRAY | 062564 | GCNSeqNo |

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| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 8998 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 8999 |
| Continuation (re-authorization request) | 1234 |
| 2 | 8999 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 9000 |
| N | 1235 |
| 3 | 9000 |  | Select and Free Text | Has the patient had an inadequate clinical response of at least 14 days with at least two preferred drugs?  If yes, please submit the medication trials and dates. | Y | 9002 |
| N | 9001 |
| 4 | 9001 |  | Select and Free Text | Has the provider submitted documentation of medical necessity beyond convenience for why the patient cannot be changed to a preferred drug (i.e., allergies, drug-drug interactions, contraindications, or intolerances)?  If yes, please submit the medication name and reason for inability to use. | Y | 9002 |
| N | 1236 |
| 5 | 9002 |  | Select | Is the request for any of the following product(s):  Generic fluocinolone 0.01% oil | Y | 9003 |
| N | 9004 |
| 6 | 9003 |  | Select and Free Text | Has the brand medication been attempted and failed or is the brand medication contraindicated?  If yes, please submit documentation. | Y | END (Pending Manual Review) |
| N | 1235 |
| 7 | 9004 |  | Select | Is the request for any of the following:  1) a nonsolid oral dosage formulation  2) a non-preferred extended release formulation  3) a non-preferred brand name that has a preferred generic product | Y | 9005 |
| N | 9006 |
| 8 | 9005 |  | Select and Free Text | Has the provider submitted documentation of medical necessity for the requested product (i.e. medical reasons for why the patient cannot be changed to a solid oral dosage formulation, inadequate clinical response with a product’s immediate release formulation, or inadequate clinical response or allergy of two or more generic labelers)? | Y | 9006 |
| N | 1235 |
| 9 | 9006 |  | Select | Is the request for a low/medium potency agent or a high/very high potency agent? | Low/medium potency | END (Pending Manual Review) |
| High/very high potency | END (Pending Manual Review) |
| 10 | 1234 |  | Select and Free Text | Has the provider submitted documentation of the patient’s clinical response to treatment and ongoing safety monitoring? | Y | END (Pending Manual Review) |
| N | 1235 |
| 11 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |
| 12 | 1236 |  | Free Text | Please explain the reason(s) why the patient is unable to use medications not requiring prior approval. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 365 days for low and medium potency; 90 days for high and very high potency

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| **Last Approved** | 8/18/2023 |
| **Other** |  |