

Quantity Limit; Post Limit Prior Authorization Corticosteroids Topical (Brand and Generic)

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
alclometasone dipropionate (all brands)	alclometasone dipropionate	all
amcinonide (all brands)	amcinonide	all
betamethasone dipropionate (all brands)	betamethasone dipropionate	all
betamethasone valerate (all brands)	betamethasone valerate	all
clobetasol propionate (all brands)	clobetasol propionate	all
clocortolone pivalate (all brands)	clocortolone pivalate	all
desonide (all brands)	desonide	all
desoximetasone (all brands)	desoximetasone	all
diflorasone diacetate (all brands)	diflorasone diacetate	all
fluocinolone acetonide (all brands)	fluocinolone acetonide	all
fluocinonide (all brands)	fluocinonide	all
flurandrenolide (all brands)	flurandrenolide	all, include tape

Brand Name	Generic Name	Dosage Form
fluticasone propionate (all brands)	fluticasone propionate	all
halcinonide (all brands)	halcinonide	all
halobetasol propionate (all brands)	halobetasol propionate	all
hydrocortisone (all brands)	hydrocortisone	all
hydrocortisone butyrate (all brands)	hydrocortisone butyrate	all
hydrocortisone probutate (all brands)	hydrocortisone probutate	all
hydrocortisone valerate (all brands)	hydrocortisone valerate	all
mometasone furoate (all brands)	mometasone furoate	all
triamcinolone acetonide (all brands)	triamcinolone acetonide	all

Indications

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 butyrate, hydrocortisone probutate, hydrocortisone valerate, mometasone furoate, and triamcinolone acetonide are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Bryhali Lotion, clobetasol propionate emollient base cream, clobetasol propionate foam, Clobex Shampoo, Clobex Lotion, Clobex Spray, Derma-Smooth/FS (Scalp) Oil, Impoyz Cream, Lexette Foam, Sernivo Spray, Topicort Spray, and Ultravate Lotion are indicated for the treatment of psoriasis.

Fluticasone lotion, Derma-Smooth/FS (Body) Oil, desonide gel, Locoid Lipocream, Locoid Lotion, and Verdeso Foam are indicated for the treatment of atopic dermatitis.

Capex Shampoo and hydrocortisone butyrate solution are indicated for the relief of the inflammatory and pruritic manifestations of seborrheic dermatitis.

Initial Quantity Limit

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.

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

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.

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.

Drug	1 Month Limit	3 Month Limit
flurandrenolide 4 mcg/cm (Cordran) Tape	1 package or 1 roll / 25 days	3 packages or 3 rolls / 75 days
Topical corticosteroids all dosage forms (except Tape)	120 gm or 120 mL / 25 days	360 gm or 360 mL / 75 days

Coverage Criteria

Corticosteroid-Responsive Dermatitis or Condition

Authorization may be granted when the requested drug is being prescribed for a corticosteroid-responsive dermatosis or condition (e.g., atopic dermatitis, eczema, psoriasis, seborrheic dermatitis) when the following criteria is met:

- The requested drug is NOT being used in a footbath.

Quantity Limits Apply

Post Limit Quantity

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.

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.

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Drug	1 Month Limit	3 Month Limit
Target drugs that are not listed below	180 gm or 180 mL / 25 days	540 gm or 540 mL / 75 days
flurandrenolide 4 mcg/cm (Cordran) Tape	2 packages or 2 rolls / 25 days	6 packages or 6 rolls / 75 days
Low potency products: alclometasone, desonide (DesOwen, Tridesilon, Verdeso), fluocinolone acetonide 0.01 percent (Synalar solution), hydrocortisone 1, 2, or 2.5 percent (Ala-Scalp, Texacort)	240 gm or 240 mL / 25 days	720 gm or 720 mL / 75 days
Oils, shampoos, sprays: Oil examples are fluocinolone acetonide oil (Derma-Smoothe/FS). Shampoo examples are fluocinolone acetonide (Capex), clobetasol propionate (Clobex). Spray examples are clobetasol propionate (Clobex), triamcinolone acetonide (Kenalog), betamethasone dipropionate (Sernivo), desoximetasone (Topicort).	240 gm or 240 mL / 25 days	720 gm or 720 mL / 75 days
clobetasol propionate 0.025 percent cream (Impoyz), clobetasol propionate 0.05 percent lotion (Impeklo), fluocinolone acetonide 0.025 percent (Synalar 0.025 percent), flurandrenolide cream or lotion, halcinonide solution (Halog solution)	240 gm or 240 mL / 25 days	540 gm or 540 mL / 75 days
triamcinolone acetonide 0.05 percent ointment	430 gm / 25 days	540 gm / 75 days

Duration of Approval (DOA)

- 2324-HJ: DOA: 6 months

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