



Topical Corticosteroids Step Therapy and Quantity Limit Program Summary

This step therapy program applies to FlexRx Closed, FlexRx Open, GenRx Closed, GenRx Open, and Health Insurance Marketplace formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business

FDA APPROVED INDICATIONS AND DOSAGE⁵⁻⁴²

Agent(s)	Indication	Dosage and Administration
Super-high potency (group 1)		
Betamethasone dipropionate, augmented (Diprolene[®]) 0.05% Gel ^{b,c} , ointment ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Gel/ointment: apply a thin layer to the affected skin once or twice daily. Max of 2 consecutive weeks of use and a max of 50 g or mL per week.
Clobetasol propionate (Clobex[®] , Olux[®] , Olux-E[®] , Temovate[®]) 0.05% Cream ^a , emulsion foam aerosol ^a , foam aerosol ^a , lotion ^a , ointment ^a , shampoo ^a , spray aerosol ^a	Cream/lotion/ointment: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 12 years of age or older (of the scalp for solution) Shampoo: Treatment of moderate to severe forms of scalp psoriasis in patients 18 years and older Foam: Treatment of moderate to severe plaque psoriasis of the scalp and mild to moderate plaque psoriasis of non-scalp regions of the body in patients 12 years and older Spray: Treatment of moderate to severe plaque psoriasis affecting up to 20% body surface area (BSA) in patients 18 years and older	All formulations: apply a thin layer to the affected skin twice daily. Max of 2 consecutive weeks of use and a max of 50 g or mL per week. Foam aerosol: Max of 2 consecutive weeks of use and max of 50 g or 21 capfuls per week. Lotion: Treatment may extend an additional 2 weeks for localized lesions of severe plaque psoriasis. Shampoo: apply to the affected areas of the skin on a dry scalp and leave in place for 15 min. Max of 4 consecutive weeks of use and a max of 50 g or mL per week. Spray aerosol: Max of 26 sprays per application and 52 sprays per day. Max of 4 consecutive weeks of use and a max of 50 g (or 59mL) per week.
Impeklo[™] 0.05% lotion	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 18 year of age or older	Apply to the affected skin areas twice daily. Max of 50 grams per week. Do not use more than 10 pump actuations per application twice daily or 20 pump actuations

		per day for more than 7 days. Max of 2 consecutive weeks of therapy.
Fluocinonide (Vanos [®]) 0.1% Cream ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 12 years and older	Cream: apply a thin layer to the affected skin areas once or twice daily. Max of 2 consecutive weeks of use and a max of 60 g per week.
Flurandrenolide (Cordran [®]) 4 mcg/cm ² Tape	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, particularly dry, scaling localized lesions	Tape: cut a piece slightly larger than the area and apply to affected skin areas every 12 hours.
Halobetasol propionate (Ultravate [®] , Lexette [™]) 0.05% foam ^a , lotion Bryhali [™] 0.01% lotion	Foam/Lotion: Treatment of plaque psoriasis in patients 18 years and older	foam/lotion/ointment: apply a thin layer to the affected skin once or twice daily. Max of 2 consecutive weeks of use and a max of 50 g or mL per week. 0.01% lotion: apply a thin layer to affected areas once daily. Max of 8 weeks of therapy and a max of 50 g per week.
High potency (group 2)		
Amcinonide 0.1% Ointment ^{b,c}	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Ointment: apply to the affected area two to three times daily
Betamethasone dipropionate (Diprolene [®] AF) 0.05% Cream (augmented formulation) ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 13 years of age or older	Cream: apply a thin layer to the affected skin once or twice daily. Max of 50 g per week.
Clobetasol propionate (Impoiz [™]) 0.025% Cream	Treatment of moderate to severe plaque psoriasis in patients 18 years and older	Cream: apply a thin layer to the affected skin twice daily. Max of 2 consecutive weeks of use and a max of 50 g per week.
Desoximetasone (Topicort [®]) 0.05% gel ^a , 0.25% Cream ^a , ointment ^a , spray ^a	Spray: Treatment of plaque psoriasis in patients 18 years and older Cream/gel/ointment: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream/Gel/Ointment: apply a thin film to the affected skin areas twice daily. Spray: apply a thin film to the affected skin areas twice daily. Max of 4 consecutive weeks of use.

Diflorasone diacetate (ApexiCon® E) 0.05% Cream emollient	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream: apply to the affected area as a thin film from one to three times daily
Halcinonide (Hallog®) 0.1% Cream ^a , ointment, solution	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream/Ointment: apply to the affected area as a thin film from two to three times daily Solution: apply to the affected area two to three times daily
High potency (group 3)		
Amcinonide 0.1% Cream ^{b,c} , lotion ^{b,c}	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream/lotion: apply to the affected area two to three times daily
Betamethasone valerate (Luxiq®) 0.12% Foam ^a	Foam: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses of the scalp	Foam: apply to affected areas twice daily.
Desoximetasone (Topicort®) 0.05% Cream ^a , ointment ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream: apply a thin film to the affected skin areas twice daily.
Diflorasone diacetate (Psorcon) 0.05% Cream ^c	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream: apply to the affected area twice daily
Medium potency (group 4)		
Betamethasone dipropionate (Sernivo®) 0.05% Spray	Treatment of mild to moderate plaque psoriasis in patients 18 years and older	Spray: apply to the affected skin areas twice daily. Max of 4 weeks of treatment.
Clocortolone pivalate (Cloderm®) 0.1% Cream ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream: apply to the affected skin areas three times daily.
Fluocinolone acetonide	Relief of the inflammatory and pruritic manifestations of	Ointment: apply a thin film to the affected skin areas two to four times daily.

(Synalar [®]) 0.025% Ointment ^a	corticosteroid-responsive dermatoses	
Flurandrenolide (Cordran [®]) 0.05% Ointment ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Ointment: apply to lesions two to three times daily.
Mometasone furoate (Elocon [®]) 0.1% Cream ^a	Cream: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 2 years and older	Cream: apply a thin film to the affected skin areas once daily.
Triamcinolone acetonide (Kenalog [®]) 0.2 mg per 2 second spray ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Spray: apply to the affected skin areas three to four times daily
Lower-mid potency (group 5)		
Desonide (Desonate [®]) 0.05% Gel ^a	Gel: Treatment of mild to moderate atopic dermatitis in patients 3 months of age and older	Gel: apply a thin layer to the affected areas twice daily. Max of 4 consecutive weeks of therapy.
Fluocinolone acetonide (Synalar [®]) 0.025% Cream ^a	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream: apply a thin film to the affected skin areas two to four times daily.
Flurandrenolide (Cordran [®]) 0.05% cream ^a , lotion ^a 0.025% cream	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream/lotion: apply to affected areas/lesions two to three times daily.
Fluticasone propionate (Cutivate [™]) 0.05% lotion	Relief of the inflammatory and pruritic manifestations of atopic dermatitis in patients 3 months of age and older	Lotion: apply a thin film to the affected skin areas once daily. Max of 4 consecutive weeks of therapy.
Hydrocortisone butyrate (Locoid [®] , Locoid [®] Lipocream) 0.1%	Cream: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses Lipocream:	Cream/Solution: apply to the affected area a thin film two or three times daily. Lotion: apply a thin layer to the affected areas twice daily.

<p>Cream, Lipo base cream, lotion^a, solution</p>	<ul style="list-style-type: none"> • Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in adults • Treatment of mild to moderate atopic dermatitis in pediatric patients 3 months to 18 years of age <p>Lotion: Treatment of mild to moderate atopic dermatitis in patients 3 months of age and older</p> <p>Solution: Relief of the inflammatory and pruritic manifestations of seborrheic dermatitis</p>	<p>Lipocream: Max of 4 consecutive weeks of therapy</p> <ul style="list-style-type: none"> • Corticosteroid responsive dermatoses in adults: apply a thin layer to the affected skin areas two to three times daily • Atopic dermatitis in patients 3 months to 18 years: apply a thin layer to the affected skin areas twice daily
<p>Hydrocortisone probutate (Pandel[®]) 0.1%</p> <p>Cream</p>	<p>Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 18 years and older</p>	<p>Cream: apply to the affected areas a thin film once to twice daily.</p>
<p>Prednicarbate 0.1%</p> <p>Cream emollient, ointment</p>	<p>Cream: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in pediatric patients 1 year and older</p> <p>Ointment: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses</p>	<p>Cream: apply a thin film to the affected skin areas twice daily. Max of 3 weeks in pediatric patients.</p> <p>Ointment: apply a thin film to the affected skin areas twice daily.</p>
Low potency (group 6)		
<p>Desonide (DesOwen[®], Tridesilon[™], Verdeso[®]) 0.05%</p> <p>Cream^a, foam</p>	<p>Cream: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses</p> <p>Foam: Treatment of mild to moderate atopic dermatitis in patients 3 months of age and older</p>	<p>Cream: apply to the affected skin areas a thin film two or three times daily.</p> <p>Foam: apply to the affected areas twice daily. Max of 4 consecutive weeks of therapy.</p>
<p>Fluocinolone acetonide (Capex[®], Derma-Smoothe[®], Synalar[®]) 0.01%</p>	<p>Solution: Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses</p> <p>Body Oil: Treatment of atopic dermatitis in patients 3 months of age and older</p>	<p>Solution: apply a thin film to the affected skin areas two to four times daily.</p> <p>Body Oil:</p> <ul style="list-style-type: none"> • Adults: apply a thin film to the affected areas three times daily.

oil ^a , shampoo, solution ^a	Scalp oil: Treatment of psoriasis of the scalp in adults Shampoo: Treatment of seborrheic dermatitis of the scalp	<ul style="list-style-type: none"> Pediatrics: apply a thin film to the affected areas twice daily. Max of 4 weeks. <p>Scalp Oil: apply a thin film to wet or dampened scalp once daily. Leave on for a minimum of 4 hours and wash off.</p> <p>Shampoo: Apply a max of 1 ounce to the scalp once daily.</p>
Least potent (group 7)		
Hydrocortisone (base, ≥2%) [Ala Scalp [®] , Texacort [®]] 2% lotion ^a 2.5% solution	Relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Cream/Lotion/Ointment/Solution: apply a thin film to the affected skin areas two or four times daily.

a – generic available
b – brand not available
c - branded generic available

CLINICAL RATIONALE¹⁻⁴

Topical steroids are the mainstay of therapy for dermatologic conditions and come in a variety of potencies and formulations. The choice of topical steroid should be individualized, and success depends on accurate diagnosis, consideration for potency and delivery vehicle, frequency of application, duration of therapy, and safety concerns.

Diagnosis

It is essential for prescribers to make an accurate diagnosis prior to prescribing a topical corticosteroid, as fungal infections can be exacerbated by the use of corticosteroids. These agents are effective for the treatment of conditions characterized by hyperproliferation, inflammation, and immunologic involvement. They also provide symptomatic relief for burning and pruritic lesions. Higher potency corticosteroids are frequently used to treat severe atopic dermatitis, psoriasis, and severe eczema, while lower potency corticosteroids are frequently used to treat mild cases of dermatitis and on fragile skin, such as the face and eye lids.

Potency

Topical corticosteroids are ranked according to their potency on a scale of 1 to 7; ranging from group 1 (I) super-high potent to group 7 (VII) least potent. Group 1 (I) corticosteroids have the greatest risk of inducing side effects such as tolerance and tachyphylaxis if used for periods extending past two weeks; medications are not generally recommended for use longer than two weeks. Group 7 (VII) corticosteroids can be used more safely for longer periods of time and on larger surface areas but they too must be used properly to prevent unwanted side effects. Some generic formulations have been shown to be less or more potent than their brand-name equivalent.

Potency Ratings for Topical Corticosteroids^{1,3,4}

Potency Group	Generic	Brand
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Group 1 (I) Super-high Potency	Betamethasone dipropionate (augmented) 0.05% (gel, lotion, ointment) Clobetasol propionate 0.05% (cream, cream emollient, foam, gel, lotion, ointment, shampoo, solution, spray) Flurandrenolide (tape) Fluocinonide 0.1% (cream) Halobetasol propionate 0.05% (cream, foam, lotion, ointment)	Diprolene (ointment) Clobex (lotion, shampoo, spray) Temovate, Temovate E (cream, gel, ointment, solution) Olux, Olux E (foam) Impeklo (lotion) Vanos (cream) Ultravate (cream, ointment, lotion) Lexette (foam) Cordran (tape)
Group 2 (II) High Potency	Amcinonide 0.1% (ointment) Betamethasone dipropionate (augmented) 0.05% (cream) Betamethasone dipropionate 0.05% (ointment) Clobetasol propionate 0.025% (cream) Desoximetasone, 0.05% (gel) Desoximetasone, 0.25% (cream, ointment, spray) Diflorasone diacetate 0.05% (cream, ointment) Fluocinonide 0.05% (cream, gel, ointment, solution) Halcinonide 0.1% (cream, ointment, solution) Halobetasol propionate 0.01% (lotion)	Diprolene AF (cream) Impoyz (cream) Topicort (gel, cream, ointment, spray) ApexiCon E, Florone (cream, ointment) Halog (cream, ointment, solution) Bryhali (lotion)
Group 3 (III) Medium-high Potency	Amcinonide 0.1% (cream, lotion) Betamethasone dipropionate 0.05% (cream) Betamethasone valerate 0.1% (ointment) Betamethasone valerate 0.12% (foam) Desoximetasone 0.05% (cream, ointment) Diflorasone diacetate 0.05% (cream) Fluocinonide 0.05% (cream) Fluticasone propionate 0.005% (ointment) Mometasone furoate 0.1% (ointment) Triamcinolone acetonide 0.5% (cream, ointment)	Luxiq (foam) Topicort (cream, ointment) Psorcon (cream)
Group 4 (IV) Medium Potency	Betamethasone dipropionate 0.05% (spray) Clocortolone pivalate 0.1% (cream) Fluocinolone acetonide 0.025% (ointment) Flurandrenolide 0.05% (ointment) Fluticasone propionate 0.05% (cream) Hydrocortisone valerate 0.2% (ointment) Mometasone furoate 0.1% (cream, lotion, solution) Triamcinolone acetonide 0.05% (ointment) Triamcinolone acetonide 0.1% (cream, ointment) Triamcinolone acetonide 0.2 mg (spray)	Sernivo (spray) Cloderm (cream) Synalar (ointment) Cordran (ointment) Kenalog (cream, ointment, spray)
Group 5 (V) Lower-mid Potency	Betamethasone dipropionate 0.05% (lotion) Betamethasone valerate 0.1% (cream) Desonide 0.05% (gel, ointment) Fluocinolone acetonide 0.025% (cream) Flurandrenolide 0.05% (cream, lotion) Flurandrenolide 0.025% (cream) Fluticasone propionate 0.05% (cream, lotion)	DesOwen, Tridesilon (ointment) Desonate (gel) Synalar (cream) Cordran (cream, lotion) Locoid (cream, lotion, ointment, solution)

	Hydrocortisone butyrate 0.1% (cream, lotion, ointment, solution) Hydrocortisone probutate 0.1% (cream) Hydrocortisone valerate 0.2% (cream) Prednicarbate 0.1% (ointment) Triamcinolone acetonide 0.1% (lotion) Triamcinolone acetonide 0.025%	Pandel (cream)
Group 6 (VI) Low Potency	Alclometasone dipropionate 0.05% (cream, ointment) Betamethasone valerate 0.1% (lotion) Desonide 0.05% (cream, foam, lotion) Fluocinolone acetonide 0.01% (cream, oil, shampoo, solution) Triamcinolone acetonide 0.025% (cream, lotion)	DesOwen, Tridesilon (cream) Verdeso (foam) Synalar (cream, solution) Derma-Smoothe (oil) Capex (shampoo)
Group 7 (VII) Least Potent	Hydrocortisone 0.5% to 2.5% Hydrocortisone acetate 0.5% to 2.5%	Ala Scalp (lotion) Texacort (solution)

Delivery Vehicle

Steroids differ in potency based on the vehicle used in formulation and should only be used on certain areas of the body. Hydration and occlusion generally promote steroid penetration. Applying topical corticosteroids after bathing, applying occlusive dressings (e.g. plastic wrap), result in an increase in corticosteroid penetration compared to dry skin.

Ointments offer more lubrication and occlusion than other preparations. Their occlusive nature improves steroid absorption and are the most useful for treating dry or thick, hyperkeratotic areas. Ointments should not be used on areas with large amounts of hair and may cause maceration and folliculitis if used on intertriginous areas (e.g. groin, gluteal cleft, axilla). Patient satisfaction and compliance may be poor due to the greasy natures of ointments.

Creams are typically more cosmetically appealing as they are good lubricators and they vanish into the skin. They tend to be less potent than ointments, and contain preservatives which can cause irritation, stinging, and allergic reactions. Acute exudative inflammation responds well to creams because of their drying effects. Creams are also useful in intertriginous areas where ointments may not be used, however, they do not provide occlusive effects like ointments.

Lotions and gels are least greasy and occlusive. Lotions are useful on oozing lesions due to the drying effects. They are also useful for hairy areas as they penetrate easily and leave little residue. Gels can also be used on hairy areas and on the scalp since they do not cause matting. They are also beneficial for exudative inflammation due to their jelly-like consistency.

Foams, mousses, and shampoos are effective for delivering steroids to the scalp. Foams are typically more expensive. Flurandrenolide tape is beneficial for treating limited areas of inflammation in difficult to treat locations, such as finger tips.

Frequency and Duration

Once or twice daily administration is recommended for most formulations. More frequent applications have not been proven to provide superior results.

Chronic application of topical steroids can cause tolerance and tachyphylaxis. Super-high potent steroids are not recommended for use beyond three consecutive weeks. If a longer duration is required, the agent can be gradually tapered to avoid rebound symptoms, and treatment may resume after at least a one-week steroid-free period. This alternating schedule can be repeated chronically or until the condition resolves. Side effects are rare when low- to high-potency steroids are used for less than three months, except in intertriginous areas, on the face and neck, and under occlusion.

Safety

Prolonged use of topical corticosteroids may result in adverse effects. It is difficult to quantify the incidence of side effects caused by topical corticosteroids, given their differences in potency. According to a post-marketing safety review, the most frequently reported side effects were local irritation (66%), skin discoloration (15%), and striae or skin atrophy (15%). Side effects occur more often with higher potencies. Using the least potent corticosteroid for the shortest time while still maintaining efficacy, reduces the risk of adverse effects.

Other side effects from the use of topical corticosteroids include permanent dermal atrophy, telangiectasia, rosacea, hypopigmentation, and induction of contact dermatitis. High and super-high potent corticosteroids have been reported to cause systemic side effects. Hypothalamic-pituitary-adrenal suppression, glaucoma, septic necrosis of the femoral head, hyperglycemia, hypertension, and other systemic side effects have been reported.

For additional clinical information see Prime Therapeutics Formulary Chapters 14.5 R Topical Corticosteroids.

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Topical Corticosteroids Step Therapy

TARGET AGENT(S)

Super-high potency (group 1)

Betamethasone dipropionate augmented gel

Clobex® 0.05% (clobetasol propionate) lotion^a

Clobex® 0.05% (clobetasol propionate) shampoo^a

Clobex® 0.05% (clobetasol propionate) spray^a

Cordran® 4 mcg/cm² (flurandrenolide) tape

Diprolene® 0.05% (betamethasone dipropionate augmented) ointment^a

Halobetasol propionate 0.05% foam

Impeklo™ 0.05% (clobetasol propionate) lotion

Lexette™ 0.05% (halobetasol propionate) foam^a

Olux® 0.05% (clobetasol propionate) foam^a

Olux-E® 0.05% (clobetasol propionate) emulsion foam^a

Temovate® 0.05% (clobetasol propionate) cream^a

Temovate® 0.05% (clobetasol propionate) ointment^a

Ultravate® 0.05% (halobetasol propionate) lotion

Vanos® 0.1% (fluocinonide) cream^a

High potency (group 2)

Amcinonide 0.1% ointment

ApexiCon® E 0.05% (diflorasone diacetate) emollient cream

Bryhali™ 0.01% (halobetasol propionate) lotion

Diprolene® AF 0.05% (betamethasone dipropionate) cream^a

Halog® 0.1% (halcinonide) cream^a

Halog® 0.1% (halcinonide) ointment

Halog® 0.1% (halcinonide) solution

Impoysz™ 0.025% (clobetasol propionate) cream

Topicort® 0.05% (desoximetasone) gel^a

Topicort® 0.25% (desoximetasone) cream^a

Topicort® 0.25% (desoximetasone) ointment^a

Topicort® 0.25% (desoximetasone) spray^a

Mid-High potency (group 3)

Amcinonide 0.1% cream

Amcinonide 0.1% lotion

Diflorasone diacetate 0.05% cream

Luxiq® 0.12% (betamethasone valerate) foam^a

Topicort® 0.05% (desoximetasone) cream^a

Topicort® 0.05% (desoximetasone) ointment^a

Medium potency (group 4)

Cloderm® 0.1% (clocortolone pivalate) cream^a

Cordran® 0.05% (flurandrenolide) ointment^a

Kenalog® 0.147 mg/gm (triamcinolone acetonide) spray^a

Sernivo® 0.05% (betamethasone dipropionate) spray

Synalar® 0.025% (fluocinolone acetonide) ointment^a

Lower-mid potency (group 5)

Cordran® 0.025% (flurandrenolide) cream

Cordran® 0.05% (flurandrenolide) cream^a

Cordran® 0.05% (flurandrenolide) lotion^a

Cutivate® 0.05% (fluticasone propionate) lotion
Desonate® 0.05% (desonide) gel^a
Hydrocortisone butyrate 0.1% solution
Hydrocortisone butyrate 0.1% cream
Locoid® 0.1% (hydrocortisone butyrate) lotion^a
Locoid® Lipocream 0.1% (hydrocortisone butyrate) cream
Pandel® 0.10% (hydrocortisone probutate) cream
Prednicarbate 0.1% ointment
Synalar® 0.025% (fluocinolone acetonide) cream^a

Low potency (group 6)

Capex® 0.01% (fluocinolone acetonide) shampoo
Derma-Smoothe® 0.01% (fluocinolone acetonide) body oil^a
Derma-Smoothe® 0.01% (fluocinolone acetonide) scalp oil^a
DesOwen® 0.05% (desonide) cream^a
Synalar® 0.01% (fluocinolone acetonide) solution^a
Tridesilon™ 0.05% (desonide) cream^a
Verdeso® 0.05% (desonide) foam

Least potent (group 7)

Ala Scalp® 2% (hydrocortisone) lotion^a
Texacort® 2.5% (hydrocortisone) solution

a – available as a generic; included as a prerequisite in the step therapy program

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Target Agent(s) will be approved when ONE of the following is met:

1. The patient is currently being treated with the requested agent as indicated by ALL of the following:
 - A. A statement by the prescriber that the patient is currently taking the requested agent
AND
 - B. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent
AND
 - C. The prescriber states that a change in therapy is expected to be ineffective or cause harm
- OR**
2. The patient's medication history includes use of TWO generic topical corticosteroids within the same potency group as indicated by:
 - A. Evidence of a paid claim(s)
OR
 - B. The prescriber has stated the patient has tried TWO generic topical corticosteroids within the same potency group AND the TWO generic topical corticosteroids were discontinued due to lack of effectiveness or an adverse event
- OR**
3. The patient has an intolerance or hypersensitivity to TWO generic topical corticosteroids within the same potency group
OR
4. The patient has an FDA labeled contraindication to ALL generic topical corticosteroids within the same potency group
OR

5. The prescriber has provided documentation that ALL generic topical corticosteroids within the same potency group cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm

Length of Approval: 12 months

NOTE: If Quantity Limit applies, please refer to Quantity Limit document.