# Pharmacy Medical Necessity Guidelines: Corticosteroid Medications, Topical

*Effective: October 13, 2026*

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| Prior Authorization Required | √ | Type of Review – Care Management | |
| Not Covered | | Type of Review – Clinical Review | √ |
| Pharmacy (RX) or Medical (MED) Benefit | RX | Department to Review | RXUM |
| These pharmacy medical necessity guidelines apply to the following:<br>☒ Tufts Health RITogether – A Rhode Island Medicaid Plan | | **Fax Numbers:**<br>RXUM: 617.673.0988 | |

**Note:** This guideline does not apply to Medicare Members (includes dual eligible Members).

## OVERVIEW

### FDA-APPROVED INDICATIONS

Topical corticosteroid agents are indicated for steroid-responsive dermatoses such as contact dermatitis, atopic dermatitis, nummular eczema, stasis eczema, asteatotic eczema, lichen planus, lichen simplex chronicus, insect and arthropod bite reactions, first- and second-degree localized burns and sunburns.

| | Low Potency | Medium Potency | High Potency | Very High Potency |
|---|---|---|---|---|
| **Preferred Products** | **Alclometasone 0.05% cream, ointment** | **Betamethasone Valerate 0.1% cream** | **Betamethasone Dipropionate 0.05% cream, ointment** | **Betamethasone Dip. Augmented 0.05% ointment, gel** |
| | **Fluocinolone 0.01% cream** | **Betamethasone Dipropionate 0.05% lotion** | **Betamethasone Dip., Augmented 0.05% cream** | |
| | **Hydrocortisone 0.5%, 1%, 2.5% cream, ointment, lotion, soln** | **Fluocinolone 0.025% cream, ointment** | **Betamethasone Valerate 0.1% ointment** | |
| | | **Fluticasone 0.05% cream, lotion, 0.005% ointment** | **Desoximetasone 0.25% cream, ointment** | |
| | | **Hydrocortisone Valerate 0.2% cream** | **Fluocinonide 0.05% cream, ointment, gel, soln** | |
| | | **Mometasone 0.1% cream, ointment, solution** | **Triamcinolone 0.5% cream, ointment** | |
| | | **Triamcinolone 0.025%, 0.1% cream, ointment, lotion** | | |
| **Non-Preferred Products** | Desonide 0.05% cream, lotion, ointment | Flurandrenolide 0.025%, 0.05% cream, oint; 4 mcg/cm$^2$ tape | Amcinonide 0.01% cream, ointment, lotion | Clobetasol 0.05% cream, ointment, gel, soln |
| | | Clocortolone 0.1% cream | Desoximetasone 0.05% Gel | Diflorasone 0.05% ointment |
| | | Desoximetasone 0.05% cream, ointment | Diflorasone 0.05% cream | Fluocinonide 0.1% cream |
| | | Hydrocortisone Butyrate cream, ointment, solution | Halcinonide 0.1% cream, ointment | Halobetasol 0.05% cream, ointment, foam |
| | | Hydrocortisone Valerate 0.2% ointment | Halobetasol 0.01% lotion | |

## COVERAGE GUIDELINES

The plan may authorize coverage of a topical corticosteroid medication for Members when the following criterion is met and limitations do not apply:

1. The Member had an insufficient response to at least two preferred topical corticosteroid agents of comparable potency, or most similar potency*

   *If a request is for a non-preferred topical corticosteroid of very high potency, a trial with a minimum of one high potency and one very high potency topical corticosteroid is required.

The Plan may authorization coverage of non-preferred topical corticosteroid solutions and foams (e.g., clobetasol solution) when the following criteria are met:

1. The member has a documented diagnosis of conditions affecting the scalp

## LIMITATIONS

1. Quantities may be limited to single package size, e.g. one tube per Rx.
2. Requests for brand-name products, which have AB-rated generics, will be reviewed according to Brand Name criteria.

## CODES

None

## REFERENCES


1. Bryhali lotion (halobetasol) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; June 2020.
2. Cordran (flurandrenolide) cream, ointment [prescribing information]. San Antonio, TX: DPT Laboratories; May 2017.
3. Cordran (flurandrenolide) lotion [prescribing information]. San Antonio, TX: DPT Laboratories; July 2016.
4. Cordran (flurandrenolide) tape [prescribing information]. Malvern, PA: Almirall, LLC: July 2019.
5. Cormax solution (clobetasol) [prescribing information]. Fairfield, NJ: Medimetriks Pharmaceuticals; April 2014.
6. Clobex lotion (clobetasol) [prescribing information]. Fort Worth, TX: Galderma Laboratories; February 2018.
7. Lexette foam (halobetasol) [prescribing information]. Greenville, NC: Mayne Pharma; May 2021.


## APPROVAL HISTORY

September 13, 2022: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. September 12, 2023: No changes.
2. September 9, 2025: No changes
3. October 13, 2026: No changes.

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic. Provider Services