Quick Reference Drug List:
Topical Corticosteroids

Peach State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. Generic products are preferred.

Prior Authorizations should be sent to **Pharmacy Services**:
Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

BRAND NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Very High Potency				
AlphaTrex®	Augmented Betamethasone	Gel: 0.05%	No	PA Required
Diprolene®	Augmented Betamethasone	Lotion: 0.05% Oint: 0.05%	Yes	QL: 50 gm per fill
Clobetasol Propionate E®	Clobetasol Propionate	Cream: 0.05%	Yes	QL: 60 gm per fill
Clobex®	Clobetasol Propionate	Lotion: 0.05% Shampoo:0.05% Spray: 0.05%	No	PA required
Clodan®	Clobetasol Propionate	Kit with Shampoo & Cleanser: 0.05% Shampoo: 0.05%	No	PA Required
Cormax®	Clobetasol Propionate	Sol: 0.05%	No	PA Required
Olux®	Clobetasol	Foam: 0.05%	No	PA Required
Olux-E®	Clobetasol	Foam: 0.05%	No	PA Required
Temovate®	Clobetasol	Cream: 0.05% Oint: 0.05% Gel: 0.05% Sol: 0.05%	Yes: cream and ointment	QL: 60 gm per fill (cream & ointment) PA Required (gel & sol)
Temovate E®	Clobetasol	Cream: 0.05%	Yes	QL: 60 gm per fill
Topicort Spray®	Desoximetasone	Spray: 0.25%	No	PA Required
Apexicon®	Diflorasone diacetate	Oint: 0.05%	No	PA Required
Vanos®	Fluocinonide	Cream: 0.1%	No	PA Required
Cordran Tape®	Flurandrenolide	80 inch tape rolls	No	PA Required
Bryhali®	Halobetasol Propionate	Lotion: 0.01%	No	PA Required
Lexette®	Halobetasol Propionate	Foam: 0.05%	No	PA Required
Ultravate®	Halobetasol Propionate	Cream: 0.05% Oint: 0.05% Lotion: 0.05%	No	PA Required
High Potency				
Amcinonide	Amcinonide	Cream: 0.1% Oint: 0.1% Lotion: 0.1%	No	PA Required
Diprolene AF®	Augmented Betamethasone Dipropionate	Cream: 0.05%	Yes	QL: 50 gm per fill

BRAND NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Diprolene®	Betamethasone Dipropionate	Oint: 0.05%	No	PA required
Impoyz®	Clobetasol Propionate	Cream: 0.25%	Yes	QL: 60 gm per fill
Topicort®	Desoximetasone	Cream: 0.05%, 0.25% Gel: 0.05% Oint: 0.25%	Yes: cream 0.05% only	None
ApexiCon E®	Diflorasone Diacetate	Cream: 0.05%	No	PA Required
Psorcon®	Diflorasone diacetate	Cream: 0.05%	No	PA Required
Fluocinonide	Fluocinonide	Cream0.05% Gel: 0.05% Oint: 0.05% Sol: 0.05%	Yes	QL: 60 gm per fill
Halog®	Halcinonide	Cream: 0.1% Oint: 0.1%	No	PA Required
Kenalog®	Triamcinolone Acetonide	Cream: 0.5% Oint: 0.5%	Yes: cream only	None
Medium Potency				
Betamethasone Dipropionate	Betamethasone Dipropionate	Cream: 0.05% Lotion: 0.05% Oint: 0.05%	No	PA Required
Sernivo®	Betamethasone Dipropionate	Emulsion: 0.05%	No	PA Required
Luxiq®	Betamethasone Valerate	Cream: 0.1% Foam: 0.12% Lotion: 0.1% Oint: 0.1%	Yes: except foam	None
Cloderm®	Clocortolone Pivalate	Cream: 0.1%	No	PA Required
Topicort®	Desoximetasone	Cream: 0.05% Gel: 0.05% Oint: 0.05%	No	PA Required
Cordran®	Flurandrenolide	Cream: 0.05% Lotion: 0.05% Oint: 0.05% Tape: 80 inch tape rolls	No	PA Required
Nolix®	Flurandrenolide	Cream: 0.05% Lotion: 0.05%	No	PA Required
Cutivate®	Fluticasone Propionate	Cream: 0.05% Lotion: 0.05% Oint: 0.005%	Yes: except lotion	QL: 60 gm per fill
Locoid®	Hydrocortisone Butyrate	Cream: 0.1% Lotion: 0.1% Oint: 0.1% Sol: 0.1%	Yes: sol only	None
Locoid LipoCream®	Hydrocortisone Butyrate	Lipocream: 0.1%	No	PA Required
Westcort®	Hydrocortiosne Valerate	Cream: 0.2% Oint: 0.2%	No	PA Required
Elocon®	Mometasone Furoate	Cream: 0.1% Lotion: 0.1% Oint: 0.1%	Yes: except lotion	QL:50 gm per fill
Dermatop®	Prednicarbate	Cream: 0.1% Oint: 0.1%	No	PA Required
Kenalog®	Triamcinolone Acetonide	Lotion: 0.1% Oint: 0.1% Spray: 0.147mg/gm	Yes: except spray	QL: 60 ml per fill (lotion)

Quick Reference Drug List: Topical Corticosteroids

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BRAND NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Oralone®	Triamcinolone Acetonide	Oral Paste: 0.1%	Yes	QL: 5 gm per fill
Triderm®	Triamcinolone Acetonide	Cream: 0.1%	Yes	None
Trianex®	Augmented Triamcinolone Acetonide	Oint: 0.05%	No	PA Required
Low Potency				
Aclovate®	Aclometasone	Cream: 0.05% Oint: 0.05%	No	PA Required
Desonate®	Desonide	Gel: 0.05%	No	PA Required
DesOwen®	Desonide	Cream: 0.05% Lotion: 0.05% Oint: 0.05%	Yes: except lotion	QL: 2 gm daily (oint only)
Tridesilon®	Desonide	Cream: 0.05%	Yes	None
Verdeso®	Desonide	Foam: 0.05%	No	PA Required
Capex®	Fluocinolone Acetonide	Shampoo: 0.01%	No	PA Required
Derma-Smooth/FS®	Fluocinolone Acetonide	Body Oil: 0.01% Scalp Oil: 0.01%	Yes: except body oil	QL: 118.28 ml per fill
Fluocinolone Acetonide	Fluocinolone Acetonide	Cream: 0.01% Sol: 0.01%	No	PA Required
Hydrocortisone OTC	Hydrocortisone OTC	Cream: 0.5% Oint: 0.5%	Yes	None
Hydrocortisone Other	Hydrocortisone Other	Cream: 1%, 2.5% Lotion: 1%, 2.5% Oint: 1%, 2.5%	Yes	QL vary per product and strength
Hydrocortisone Acetate	Hydrocortisone Acetate	Oint: 1% Gel: 2% Cream: 2.5% Lotion: 2.5%	No	PA Required
Triamcinolone Acetonide	Triamcinolone Acetonide	Cream: 0.025% Lotion: 0.025% Oint: 0.025%	Yes	QL: 60 ml per fill (lotion only) QL: 454 gm per fill (ointment only)
Steroid/Vitamin D Analog				
Enstilar® Taclonex®	Betamethasone Dipropionate/Calcipotriene	Foam (Enstilar only): 0.064%/0.005% Oint, Susp (Taclonex): 0.064%/0.005%	No	PA Required
Steroid/Antifungal				
Ala-Quin® Dermasorb AF®	Hydrocortisone/Clioquinol	Cream: 0.5%/3%	No	PA Required
Alcortin A ®	Hydrocortisone/Iodoquinol	Gel: 2%/1%	No	PA Required
Dermazene ®	Hydrocortisone/Iodoquinol	Cream: 1%/1%	No	PA Required
Vytone®	Hydrocortisone/Iodoquinol	Cream: 1.9%/1%	No	PA Required
Lotrisone®	Betamethasone Dipropionate/Clotrimazole	Cream, Lotion (GENERIC only): 1%/.05%	Yes	QL: Cream: 45 / 30 days Lotion: 31/30 days
Mycolog®	Triamcinolone Acetonide/Nystatin	Cream, Oint: 0.1%/100,000 units nystatin per gm	Yes	QL: 60 gm per fill

BRAND NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Steroid/Anesthetic				
Ana-Lex®	Hydrocortisone Acetate/Lidocaine	Cream: 2%/2%, 3%/1% Gel: 3%/2.5%, 2.8%/.55%	No	Requires PA
LidaZone HC®	Hydrocortisone Acetate/Lidocaine	Cream: 3%/.05%, 3%/1%	No	Requires PA
Analpram HC®	Hydrocortisone Acetate/Pramoxine	Lotion: 2.5%/1%	Yes	Quantity Limit: 62ml per 30 days
Pramosone® Novacort	Hydrocortisone Acetate/Pramoxine	Cream: 1%/1%, 2.5%/1%, 2.5%/2.5% Oint and Lotion: 1%/1%, 2.5%/1%, 2.5%/2.5% (BRAND only)	No	PA Required
Proctofoam-HC® Epifoam ®	Hydrocortisone Acetate/Pramoxine	Foam: 1%/1%	Yes	QL: 15 gm per fill (Epifoam only)
Steroid/Keratolytic				
Carmol HC®	Hydrocortisone/Urea	Cream: 1%/10%	No	Requires PA

Aero=Aerosol, AL=Age Limits, Act=Actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, Elix=Elixer, GL=Gender Limit, GM=Gram, HR=Hour, IM=Intramuscular, Inh=Inhaler, Inj=Injection, IR=Immediate-release, LA= Long-Acting, MCG=Microgram, MDI=Metered Dose Inhaler, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, Neb=Nebulizer, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, RTL=Retail, S= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TM= Transmucosal, TR=timed Release, XL= Extended Release, XR=Extended Release

For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at www.pshp.com