

fluocinonide 0.1% cream (VANOS)

Diagnoses Considered for Coverage: <ul style="list-style-type: none">Inflammatory skin conditions (dermatoses)	
Coverage Criteria: 1. For diagnosis listed above: <ul style="list-style-type: none">Inadequate response or intolerable side effect to TWO preferred very high potency topical steroids.	
Preferred Very High Potency Steroids	<ul style="list-style-type: none">augmented betamethasone dipropionate 0.05% gel, ointment, lotion (Diprolene)clobetasol 0.05% cream, ointment, solution, gel, cream emollient (Temovate)halobetasol 0.05% cream, ointment (Ultravate)
Coverage Duration: one year	

Effective Date: 11/30/2022