

desonide 0.05% foam (VERDESO)

Diagnoses Considered for Coverage:

- Atopic dermatitis
- Inflammatory skin conditions (dermatoses)

Coverage Criteria:

1. For diagnoses listed above:

- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to TWO preferred low potency topical corticosteroids.

Preferred Low Potency Steroids	<ul style="list-style-type: none"> • desonide 0.05% cream (Desowen) • alclometasone 0.05% cream, ointment (Aclovate) • betamethasone valerate 0.1% lotion (Valisone) • fluocinolone 0.01% oil (Derma-Smoothe-FS), solution (Synalar) • hydrocortisone 2.5% cream, ointment, lotion (Hytone) • triamcinolone acetonide 0.025% cream, lotion (Kenalog)
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Coverage Duration: one year

Effective Date: 11/30/2022