

doxepin 5% cream Prudoxin 5% cream Zonalon 5% cream

Diagnosis Considered for Coverage:

• Atopic dermatitis, eczema, or lichen simplex

Coverage Criteria:

For diagnosis listed above:

- Inadequate response, intolerable side effect, or contraindication to TWO topical corticosteroids in the medium, high, or very high potency class, **and**
- Quantity does exceed amount need to treat for up to 8 days per episode.

For brand-name drug where generic equivalent available:

- Meets above coverage criteria for generic, and
- Allergic or intolerable side effect to the generic formulation.

Preferred Topical Corticosteroids

•	betamethasone dipropionate 0.05% lotion (Maxivate, Diprosone)
Medium Potency	· ·
	betamethasone valerate 0.1% cream (Betatrex, Valisone)
	desoximetasone 0.05% cream (Topicort LP)
	fluocinolone 0.025% cream, ointment
	fluocinolone 0.01% solution (Synalar)
	hydrocortisone valerate 0.2% cream, ointment (Westcort)
	mometasone furoate 0.1% cream, ointment, lotion (Elocon)
	prednicarbate 0.1% cream, ointment (Dermatop)
	triamcinolone acetonide 0.1% cream, ointment, lotion (Kenalog)
High Potency	augmented betamethasone dipropionate 0.05% cream (Diprolene AF)
	betamethasone dipropionate 0.05% cream, ointment (Maxivate, Diprosone)
	betamethasone valerate 0.1% ointment (Betatrex, Valisone)
	y • fluocinonide 0.05% cream (Lidex E)
	fluocinonide 0.05% cream, gel, ointment, solution (Lidex)
	triamcinolone acetonide 0.5% cream (Kenalog)
	triamcinolone acetonide 0.5% ointment (Aristocort HP)
	augmented betamethasone dipropionate 0.05% gel, ointment, lotion
Very High	(Diprolene)
Potency	clobetasol 0.05% cream, ointment, solution, gel, cream emollient (Temovate)
	halobetasol 0.05% cream, ointment (Ultravate)

Coverage Duration: One time per request

Effective: 1/01/2021