

**desonide 0.05% gel (DESONATE)**

**Diagnoses Considered for Coverage:**

- Inflammatory skin conditions (dermatoses)
- Atopic dermatitis

**Coverage Criteria:**

**1. For diagnoses listed above:**

- Dose does not exceed FDA label maximum, **and**
- Inadequate response or intolerable side effect with generically available desonide 0.05% cream, lotion, or ointment.

**Coverage Duration:** one year

Effective Date: 11/30/2022