

## desoximetasone LIQUID (TOPICORT SPRAY)

### Diagnosis Considered for Coverage:

- Plaque Psoriasis

### Coverage Criteria:

#### For diagnosis listed above:

- Inadequate response, intolerable side effect, or contraindication to one high potency topical corticosteroid AND desoximetasone 0.25% cream or ointment.

<p><b>Preferred High Potency Steroids</b></p>	<ul style="list-style-type: none"> <li>• augmented betamethasone dipropionate 0.05% cream (Diprolene AF)</li> <li>• betamethasone dipropionate 0.05% cream, ointment (Diprosone)</li> <li>• betamethasone valerate 0.1% ointment (Betatrex, Valisone)</li> <li>• fluocinonide 0.05% cream (Lidex E)</li> <li>• fluocinonide 0.05% cream, gel, ointment, solution (Lidex)</li> <li>• mometasone 0.1% ointment (Elocon)</li> <li>• triamcinolone acetonide 0.5% cream (Kenalog)</li> <li>• triamcinolone acetonide 0.5% ointment (Aristocort HP)</li> </ul>
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### Coverage Duration: one year

Effective Date: 12/1/2022