

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.

Preferred Topical Corticosteroids

Preferred Topical Corticosterolas	
Medium Potency	 betamethasone dipropionate 0.05% lotion (Maxivate, Diprosone) 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) 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)
Very High Potency	 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 time per request

Effective Date: 5/31/2023