

CORTICOSTEROID POWDERS**Clobetasol Powder, Fluticasone Powder, Mometasone Powder****Pre - PA Allowance**

None

Prior-Approval Requirements**Diagnosis**

Patient must have the following:

Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses (including but not limited to hives, rash, eczema, dermatitis)

AND ALL of the following:

1. The requested dosage form is for topical use
2. The patient must have tried and failed and/or have an intolerance to an existing commercially available topical product
3. All of the active ingredients in the formulation are prescription (RX) only products and are FDA approved for inflammatory and pruritic dermatoses
4. The concentration of the final product will not exceed the FDA approved limit
5. It is not being used for cosmetic purposes (including but not limited to anti-aging, anti-wrinkle, hair growth/removal, scar prevention, scar diminishing, skin lightening/tanning)

Prior - Approval Limits**Duration** 6 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above