



Federal Employee Program.

TOPICAL PRODUCTS WITH QUANTITY LIMITS

Bryhali* Lotion 0.01% (halobetasol propionate)
Duobrii Lotion 0.01%/0.045% (halobetasol propionate and tazarotene)
Dovonex Cream 0.005% (calcipotriene)
Enstilar Foam 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Lexette* Topical Foam 0.05% (halobetasol propionate)
Pennsaid* Topical Solution 1.5% (diclofenac sodium)
Pennsaid* Topical Solution 2% (diclofenac sodium)
Sorilux Foam 0.005% (calcipotriene)
Taclonex* Ointment 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Taclonex* Suspension 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Voltaren Gel 1% (diclofenac sodium)

* Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance

Quantity

Drug	Quantity
Diclofenac Sodium Gel 1% (Voltaren)	1000 units per 90 days
Diclofenac Sodium Topical Solution 1.5% (Pennsaid)	9 bottles per 90 days
Calcipotriene Cream 0.005% (Dovonex)	120 units per 90 days
Calcipotriene Foam 0.005% (Sorilux)	
Calcipotriene and Betamethasone Dipropionate Ointment 0.005%/0.064%	
Calcipotriene and Betamethasone Dipropionate Suspension 0.005%/0.064%	
Calcipotriene and Betamethasone Dipropionate Foam 0.005%/0.064% (Enstilar)	

Prior-Approval Requirements

Diagnosis

Patient must have the following:

FDA-approved indication supporting the use of topical product

AND the following for:

Halobetasol propionate topical foam (Lexette) 0.05%

Halobetasol propionate lotion (Bryhali) 0.01%

Halobetasol propionate and tazarotene lotion (Duobrii):



Federal Employee Program.

TOPICAL PRODUCTS WITH QUANTITY LIMITS

Bryhali* Lotion 0.01% (halobetasol propionate)
Duobrii Lotion 0.01%/0.045% (halobetasol propionate and tazarotene)
Dovonex Cream 0.005% (calcipotriene)
Enstilar Foam 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Lexette* Topical Foam 0.05% (halobetasol propionate)
Pennsaid* Topical Solution 1.5% (diclofenac sodium)
Pennsaid* Topical Solution 2% (diclofenac sodium)
Sorilux Foam 0.005% (calcipotriene)
Taclonex* Ointment 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Taclonex* Suspension 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Voltaren Gel 1% (diclofenac sodium)

* Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

1. Inadequate treatment response, intolerance, or contraindication to a generic Halobetasol topical product
2. **Duobrii only:** Inadequate treatment response, intolerance, or contraindication to a generic Tazarotene topical product

Prior - Approval Limits

Quantity

Drug	Quantity Limit
For All Topicals Above	Pre-PA allows for the American Academy of Dermatology (AAD) recommended dosage
Calcipotriene and Betamethasone Dipropionate Cream 0.005%/0.064% (Wynzora)	840 units per 56 days
Duobrii Lotion 0.01/0.045% (halobetasol propionate and tazarotene)	300 units per 90 days

Quantity

Drug with approved MFE only	Quantity
Bryhali Lotion 0.01% (halobetasol propionate)	400 units per 90 days
Lexette Topical Foam 0.05% (halobetasol propionate)	100 units per 90 days
Pennsaid Topical Solution 2%	9 bottles per 90 days
Taclonex Ointment 0.005%/0.064%	120 units per 90 days
Taclonex Suspension 0.005%/0.064%	120 units per 90 days



Federal Employee Program.

TOPICAL PRODUCTS WITH QUANTITY LIMITS

Bryhali* Lotion 0.01% (halobetasol propionate)
Duobrii Lotion 0.01%/0.045% (halobetasol propionate and tazarotene)
Dovonex Cream 0.005% (calcipotriene)
Enstilar Foam 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Lexette* Topical Foam 0.05% (halobetasol propionate)
Pennsaid* Topical Solution 1.5% (diclofenac sodium)
Pennsaid* Topical Solution 2% (diclofenac sodium)
Sorilux Foam 0.005% (calcipotriene)
Taclonex* Ointment 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Taclonex* Suspension 0.005/0.064% (calcipotriene and betamethasone dipropionate)
Voltaren Gel 1% (diclofenac sodium)

* Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Prior – Approval *Renewal* Requirements

None

Prior–Approval *Renewal* Limits

None