



STEP THERAPY POLICY

POLICY: Topical Corticosteroids Step Therapy Policy

REVIEW DATE: 04/15/2026; selected revision 04/29/2026

Note: This list is not all-inclusive.

Product (Example Brand Name[s])	Strength	Topical Formulation
Alclometasone dipropionate	0.05%	cream, ointment
Amcinonide	0.1%	cream, ointment
Betamethasone dipropionate, augmented (Diprolene®)	0.05%	cream, gel, lotion, ointment
Betamethasone dipropionate (Diprolene®, Sernivo™ Spray)	0.05%	cream, lotion, ointment, spray
Betamethasone valerate (Luxiq®)	0.1%	cream, lotion, ointment
	0.12%	foam
Clobetasol propionate (Clobex®, Clodan®, Impeklo™, Impoyz™, Olux®, Olux-E®, Temovate® [brand obsolete 2024])	0.025%	cream
	0.05%	cream, foam, gel, lotion, ointment, shampoo, solution, spray
Clocortolone pivalate (Cloderm® [brand obsolete 2023])	0.1%	cream
Desonide (DesOwen®, Tridesilon™ [brand obsolete 2023], Verdeso®)	0.05%	cream, foam, gel, lotion, ointment
Desoximetasone (Topicort®)	0.05%	cream, gel, ointment
	0.25%	cream, ointment, spray
Diflorasone diacetate (Apexicon E®)	0.05%	cream, ointment
Fluocinolone acetonide (Capex®, Derma-Smoothe/FS®, Synalar®)	0.01%	cream, body oil, scalp oil, solution
	0.025%	cream, ointment
Fluocinonide (Vanos®)	0.05%	cream, gel, ointment, solution
	0.1%	cream
Flurandrenolide (Cordran® [brand obsolete 2025])	0.05%	cream, lotion, ointment
	4 mcg/cm ²	tape
Fluticasone propionate (Beser™)	0.005%	ointment
	0.05%	cream, lotion
Halcinonide (Halog®)	0.1%	cream, ointment, solution
Halobetasol propionate (Bryhali™, Lexette™, Ultravate® [authorized generic])	0.01%	lotion
	0.05%	cream, foam, lotion, ointment
Halobetasol propionate and tazarotene (Duobrii™)	0.01%/0.045%	lotion
Hydrocortisone acetate (Ala-Scalp® HP, Scalacort™ DK Kit, Texacort®)	0.5%	cream, ointment
	1%	cream, lotion, ointment, solution
	2%	lotion
	2.5%	cream, lotion, ointment
Hydrocortisone butyrate (Locoid®)	0.1%	cream, lotion, ointment, solution
Hydrocortisone-pramoxine (Analpram HC®, Epifoam®; Pramoxone®, Proctofoam® HC)	1%/1%	cream, foam
	2.5%/1%	cream, lotion
Hydrocortisone probutate (Pandel®)	0.1%	cream
Hydrocortisone valerate	0.2%	cream, ointment
Mometasone furoate	0.1%	cream, lotion, ointment, solution
Prednicarbate	0.1%	cream, ointment
Triamcinolone acetonide (Kenalog® Aerosol Spray, Trianex®, Triderm™)	0.025%	cream, lotion, ointment
	0.05%	ointment
	0.1%	cream, lotion, ointment, paste

	0.147 mg/g	spray
	0.5%	cream, ointment

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna National Formulary Coverage:

OVERVIEW

Topical corticosteroids are, in general, indicated for symptomatic relief of inflammation and/or pruritus associated with acute and chronic corticosteroid-responsive skin disorders (dermatoses).¹

Topical corticosteroids are adrenocorticosteroid derivatives that possess anti-inflammatory, antipruritic, and vasoconstrictive properties.¹ These products are thought to depress the formation, release, and activity of endogenous chemical mediators of inflammation (kinins, histamine, liposomal enzymes, prostaglandins) through the induction of phospholipase A2 inhibitory proteins (lipocortins), thereby inhibiting the release of arachidonic acid. Skin diseases that are responsive to topical corticosteroids usually have an inflammatory, hyperproliferative, and/or immunologic component (Table 1).

Table 1. Conditions Treated with Topical Corticosteroids.²

High-potency steroids (Groups I to II)	Medium potency steroids (Groups III, IV and V)	Low potency steroids (Groups VI and VII)
Alopecia areata	Anal inflammation (severe)	Dermatitis (diaper)
Atopic dermatitis (resistant)	Asteatotic eczema	Dermatitis (eyelids)
Bullous pemphigoid	Atopic dermatitis	Dermatitis (face)
Discoid lupus	Dermatitis (severe)	Intertrigo
Dyshidrotic eczema	Infantile acropustulosis	Perianal inflammation
Hyperkeratotic eczema	Intertrigo (severe short term)	Phimosis
Labial adhesion	Lichen sclerosus (vulva)	
Lichen planus	Nummular eczema	

High-potency steroids (Groups I to II)	Medium potency steroids (Groups III, IV and V)	Low potency steroids (Groups VI and VII)
Lichen sclerosus (skin) Lichen simplex chronicus Melasma Nummular eczema Poison ivy (severe) Psoriasis Vitiligo	Scabies (after scabicide) Seborrheic dermatitis Stasis dermatitis	

Topical corticosteroids are incorporated into a vehicle appropriate for application to the skin and external mucous membranes. Ointments are more occlusive and are generally preferred for dry scaly lesions.¹ Creams are generally preferred on oozing lesions or in intertriginous areas where a less occlusive preparation may be beneficial. Additionally, patients may prefer creams for aesthetic reasons although their water content makes them more drying than ointments. Gels, aerosols, lotions, and solutions are easier to apply on hairy areas.

Table 2. Topical Corticosteroids, Classified According to Relative Potency* (Adapted from Facts/Comparisons).¹

Potency/Group	Examples
Super-High Potency (Group 1)	augmented betamethasone dipropionate 0.05% gel, lotion, ointment; clobetasol propionate 0.05% cream, cream (emollient base), foam aerosol, gel, lotion, ointment, shampoo, solution (scalp), spray aerosol; fluocinonide 0.1% cream; flurandrenolide 4 mcg/cm ² tape; halobetasol propionate 0.05% cream, foam, lotion, ointment.
High Potency (Group 2)	amcinonide 0.1% ointment; betamethasone dipropionate 0.05% cream (augmented), ointment; clobetasol propionate 0.025% cream; desoximetasone 0.25% cream, ointment, spray; desoximetasone 0.05% gel; diflorasone diacetate 0.05% cream (emollient), ointment; fluocinonide 0.05% cream, gel, ointment, solution; halcinonide 0.1% cream, ointment; halobetasol propionate 0.01% lotion.

Table 2 (continued). Topical Corticosteroids, Classified According to Potency* (Adapted from Facts/Comparisons).¹

Potency/Group	Examples
High Potency (Group 3)	amcinonide 0.1% cream, lotion; betamethasone dipropionate 0.05% cream (hydrophilic emollient); betamethasone valerate 0.1% ointment; betamethasone valerate 0.12% foam; desoximetasone 0.05% cream, ointment; diflorasone diacetate 0.05% cream; fluocinonide 0.05% cream (aqueous emollient); fluticasone propionate 0.005% ointment; mometasone furoate 0.1% ointment; triamcinolone acetonide 0.5% cream, ointment.
Medium Potency (Group 4)	betamethasone propionate 0.05% spray; clocortolone pivalate 0.1% cream; fluocinolone acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, lotion, solution; triamcinolone acetonide 0.1% cream, ointment; triamcinolone acetonide 0.05% ointment; triamcinolone acetonide 0.2 mg aerosol spray.
Lower-Mid Potency (Group 5)	betamethasone dipropionate 0.05% lotion; betamethasone valerate 0.1% cream; desonide 0.05% gel, ointment; fluocinolone acetonide 0.025% cream; flurandrenolide 0.05% cream, lotion; fluticasone propionate 0.05% cream, lotion; hydrocortisone butyrate 0.1% cream, lotion, ointment, solution; hydrocortisone probutate 0.1% cream; hydrocortisone valerate 0.2% cream; prednicarbate 0.1% cream (emollient), ointment; triamcinolone acetonide 0.1% lotion; triamcinolone acetonide 0.025% ointment.

Low Potency (Group 6)	aclometasone dipropionate 0.05% cream, ointment; betamethasone valerate 0.1% lotion; desonide 0.05% cream, foam, lotion; fluocinolone acetonide 0.01% cream, oil, shampoo, solution; triamcinolone acetonide 0.025% cream, lotion.
Least Potent (Group 7)	hydrocortisone 2.5% cream, ointment, solution; hydrocortisone 2% lotion; hydrocortisone 1% cream, gel, lotion, ointment, solution, spray; hydrocortisone 0.5% cream, ointment; hydrocortisone acetate 2.5% cream; hydrocortisone acetate 2% lotion.

* This table may not include all available topical corticosteroids (strength or formulation).

POLICY STATEMENT

This program has been developed to encourage the use of two prescription Step 1a Products prior to the use of a Step 2a Product (Duobrii is not included); or the use of one prescription Step 1b Product prior to the use of Duobrii (Step 2b). If the Step Therapy rule is not met for a Step 2 Product (a or b) at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Step 1a/2a

Step 1a Generic Topical Corticosteroid Products:

Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Alclometasone 0.05% ointment/cream • Betamethasone dipropionate 0.05% lotion/ cream/ointment • Betamethasone dipropionate, augmented 0.05% cream/ointment/lotion • Betamethasone valerate 0.1% cream/lotion/ointment • Clobetasol propionate 0.05% cream/emollient cream/gel/ointment/solution • Desonide 0.05% cream/ointment • Fluocinolone acetonide 0.01% cream/solution • Fluocinolone acetonide 0.025% cream/ointment • Fluocinolone acetonide 0.01% topical oil • Fluocinonide 0.05% cream/emollient cream/gel/ ointment/solution • Fluticasone propionate 0.05% cream • Fluticasone propionate 0.005% ointment 	<ul style="list-style-type: none"> • Halobetasol propionate 0.05% cream/ointment • Hydrocortisone 2% lotion • Hydrocortisone 1% cream/lotion/ointment/ solution • Hydrocortisone 2.5% cream/lotion/ointment • Hydrocortisone butyrate 0.1% cream/ emollient cream • Hydrocortisone valerate 0.2% cream/ointment • Mometasone furoate 0.1% cream/solution/ ointment • Prednicarbate 0.1% cream/ointment • Triamcinolone acetonide 0.025% cream/ lotion/ointment • Triamcinolone acetonide 0.1% cream/lotion/ ointment • Triamcinolone acetonide 0.5% cream/ointment
---	---

<ul style="list-style-type: none"> • Halog 0.1% cream • Halog 0.1% ointment 	
---	--

Step 1b/2b (Duobrii)

Step 1b Generic Topical Corticosteroid Products:

Note: This is not an inclusive list.

<ul style="list-style-type: none"> • Alclometasone 0.05% ointment/cream • Betamethasone dipropionate 0.05% lotion/ cream/ointment • Betamethasone dipropionate, augmented 0.05% cream/ointment/lotion • Betamethasone valerate 0.1% cream/lotion/ointment • Clobetasol propionate 0.05% cream/emollient cream/gel/ointment/solution • Desonide 0.05% cream/ointment • Fluocinolone acetonide 0.01% cream/solution • Fluocinolone acetonide 0.025% cream/ointment • Fluocinolone acetonide 0.01% topical oil • Fluocinonide 0.05% cream/emollient cream/gel/ ointment/solution • Fluticasone propionate 0.05% cream • Fluticasone propionate 0.005% ointment 	<ul style="list-style-type: none"> • Halobetasol propionate 0.05% cream/ointment • Hydrocortisone 2% lotion • Hydrocortisone 1% cream/lotion/ointment/ solution • Hydrocortisone 2.5% cream/lotion/ointment • Hydrocortisone butyrate 0.1% cream/ emollient cream • Hydrocortisone valerate 0.2% cream/ointment • Mometasone furoate 0.1% cream/solution/ ointment • Prednicarbate 0.1% cream/ointment • Triamcinolone acetonide 0.025% cream/ lotion/ointment • Triamcinolone acetonide 0.1% cream/lotion/ ointment • Triamcinolone acetonide 0.5% cream/ointment
---	---

Step 2b Topical Corticosteroid Product:

- Duobrii

Topical Corticosteroids Step Therapy Policy product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

Step 2a Topical Corticosteroid Products

1. If the patient has tried two prescription Step 1a Products for the *current* condition, approve a Step 2a Product.

Note: Products with the same chemical entity and same strength should not be considered as separate products.

Step 2b Topical Corticosteroid Product (Duobrii)

1. If the patient has tried one prescription Step 1b Product for the *current* condition, approve Duobrii.

REFERENCES

1. Facts and Comparisons® eAnswers/Online. Wolters Kluwer; © 2026. Available at: <http://fco.factsandcomparisons.com/lco/action/home>. Accessed on April 10, 2026. Search terms: topical corticosteroids.
2. Stacey SK, McEleney M. Topical corticosteroids: choice and application. *Am Fam Physician*. 2021 Mar 15;103(6):337-343

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	Halobetasol propionate 0.05% foam: The generic of Lexette (halobetasol propionate 0.05% foam) was added to the Policy to Step 2a.	01/17/2024
Early Annual Revision	Step 2a Topical Corticosteroid Products: The following Note was added "Products with the same chemical entity and same strength should <u>not</u> be considered as separate products."	11/06/2024
Selected Revision	Generic clocortolone pivalate 0.1% cream: Moved from Step 1a to Step 2a.	03/05/2025
Early Annual Revision	Step 2a Topical Corticosteroid Products: Clobetasol propionate 0.025% cream (authorized generic of Impoyz) was added to Step 2a. Nolix 0.05% cream/lotion (branded generic product) was removed as obsolete.	05/07/2025
Early Annual Revision	No criteria changes.	04/15/2026
Selected Revision	Step 2a Topical Corticosteroid Products: Halobetasol 0.05% lotion (authorized generic of Ultravate lotion) was added to Step 2a. The same exception criteria apply.	04/29/2026

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.