

## *Hot Tip: Topical Corticosteroids*

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBSWNY patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Highmark BCBSWNY provider website. The *PDL* is subject to change quarterly.

<b>Preferred topical corticosteroids</b> <i>Low potency</i>	<b>Preferred topical corticosteroids</b> <i>Medium potency</i>
<p><b><u>Cream:</u></b> Hydrocortisone 0.5% Cream Hydrocortisone 1% Cream Hydrocortisone 2.5% Cream Hydrocortisone-Aloe 1% Cream Anti-Itch 1% Cream Cortisone 1% Cream Noble formula HC 1% Cream Eczema Anti-Itch 1% Cream Hydroskin 1% Cream Triamcinolone Acetonide 0.025% Cream</p> <p><b><u>Ointment:</u></b> Hydrocortisone 0.5% Ointment Hydrocortisone 1% Ointment Hydrocortisone 2.5% Ointment Anti-Itch 1% Ointment</p> <p><b><u>Solution; non-oral:</u></b> Scalpicin 1% Anti-Itch Solution Scalp Relief 1% Solution</p> <p><b><u>Gel:</u></b> OTC Hydrocortisone 1% Gel</p> <p><b><u>Lotion:</u></b> OTC Hydrocortisone 1% Lotion</p>	<p><b><u>Cream:</u></b> Betamethasone Valerate 0.1% Cream Triamcinolone 0.1% Cream Triderm 0.1% Cream Mometasone 0.1% Cream Fluticasone 0.05% Cream</p> <p><b><u>Ointment:</u></b> Triamcinolone 0.025% Ointment Triamcinolone 0.1% Ointment Mometasone 0.1% Ointment</p> <p><b><u>Solution; non-oral:</u></b> Mometasone 0.1% Solution</p> <p><b><u>Gel:</u></b> Desonide 0.05% Gel</p> <p><b><u>Lotion:</u></b> Betamethasone Dipropionate 0.05% Lotion Triamcinolone 0.1% Lotion</p>

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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OTC Hydrocortisone 2.5% Lotion Triamcinolone Acetonide 0.025% Lotion	
<b>Preferred topical corticosteroids</b> <i>High potency</i>	<b>Preferred topical corticosteroids</b> <i>Very high potency</i>
<p><b><u>Cream:</u></b>          Betamethasone Dipropionate Augmented 0.05% Cream          Fluocinonide-E 0.05% Cream          Fluocinonide 0.05% Cream          Triamcinolone 0.5% Cream</p> <p><b><u>Ointment:</u></b>          Amcinonide 0.1% Ointment          Betamethasone Valerate 0.1% Ointment          Fluocinonide 0.05% Ointment          Fluticasone Propionate 0.025% Ointment          Triamcinolone 0.5% Ointment</p> <p><b><u>Solution; non-oral:</u></b>          Fluocinonide 0.05% Solution</p> <p><b><u>Gel:</u></b>          Fluocinonide 0.05% Gel</p>	<p><b><u>Cream:</u></b>          Clobetasol 0.05% Cream          Clobetasol Emollient 0.05% Cream          Halobetasol 0.05% Cream</p> <p><b><u>Ointment:</u></b>          Clobetasol 0.05% Ointment          Halobetasol 0.05% Ointment</p> <p><b><u>Gel:</u></b>          Clobetasol 0.05% Gel</p> <p><b><u>Solution; non-oral:</u></b>          Clobetasol 0.05% Solution          Cormax 0.05% Solution</p>

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at [mybcbswny.com/stateplans](http://mybcbswny.com/stateplans) > Provider > Eligibility & Pharmacy > Pharmacy Information.