



Prior Authorization Approval Criteria

Desonate gel 0.05% (desonide)

Generic name:	Desonide
Brand name:	Desonate gel 0.05%
Medication class:	Topical corticosteroid
FDA-approved use:	Mild to moderate atopic dermatitis in patients 3 months of age or older.
Available dosage forms:	15 g, 30 g, and 60 g tubes
Usual dose range:	Apply to affected areas twice daily.
Duration of therapy:	Maximum of 4 consecutive weeks.
Approximate cost: (based on AWP 2007)	about \$150.00 per 60 g tube

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- Clinically documented mild to moderate atopic dermatitis.
- Failed/intolerant to desonide (DesOwen) cream, ointment or lotion.
- Failed/intolerant to other intermediate potent topical corticosteroids such as fluocinolone, fluticasone, triamcinolone or mometasone.
- Must be greater than 3 months of age.

Contraindications:

- Patients who are hypersensitive to desonide or to any ingredient in the preparation.

Not approved if:

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of topical corticosteroids.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 06/13/07