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: about $150.00 per 60 g tube (based on AWP 2007)

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