



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: desonide

Brand Name: Verdeso Foam, 0.05%

Medication Class: topical steroid

FDA Approved Uses: Mild to moderate atopic dermatitis in patients 3 months of age or older.

Available Dosage Forms: 100g aluminum cans

Usual Doses: Applied to affected area twice daily.

Duration of Therapy: 4 consecutive weeks maximum.

Approximate cost per can(based on AWP 2006): \$231.25 / 100g can
\$123.75 / 50g can

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.

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.

P&T Approval: _____ Date: _____