Clinical Policy Title:	halobetasol propionate
Policy Number:	RxA.041
Drug(s) Applied:	Bryhali®, Ultravate®
Original Policy Date:	02/07/2020
Last Review Date:	8/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Plaque Psoriasis (must meet all):

1. Diagnosis of plaque psoriasis;
2. Trial and failure of generic halobetasol propionate and generic clobetasol propionate unless both are contraindicated, or clinically significant adverse effects are experienced.

Approval Duration:

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Plaque Psoriasis (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

Not Applicable

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established	01/2020	02/07/2020
Formatting updated	05/07/2020	05/20/2020
Policy was reviewed: 1. Policy title table was updated: Line of business policy applies was updated to All lines of business. 2. Initial approval criteria A.2. was added to specify approved age 3. Continued therapy criteria II.A.1 was rephrased to "Currently receiving	01/25/2021	03/09/2021

medication that has been authorized by Rxadvance.		
Policy was reviewed: 1. Initial Approval Criteria, IA.2: Updated age criteria from 18 for Lexette® to 12 for Lexette®. 2. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".	11/19/2021	01/17/2022
Policy was reviewed.	09/28/2022	01/17/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed “Lexette” from the PA policy. 2. Removed age restrictions. 3. Removed prescriber restrictions. 4. Removed dose restrictions. 5. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 6. Removed reauthorization requirement for positive response to therapy. 7. Updated approval duration verbiage.	8/28/2024	9/13/2024