



Prior Authorization Approval Criteria *Clobex Spray 0.05 % (clobetasol propionate)*

Generic name:	Clobetasol propionate
Brand name:	Clobex Spray 0.05%
Medication class:	Anti-inflammatory agent, topical corticosteroid
FDA-approved use:	Moderate to severe plaque psoriasis affecting up to 20% body surface area.
Available dosage forms:	0.05% spray in 59ml and 125ml bottles
Usual dose range:	Apply twice a day. The total dosage should not exceed 50 gm (59 ml or 2 fluid ounces) per week.
Duration of therapy:	Treatment should be limited to 4 consecutive weeks. Treatment beyond 2 weeks should be limited to localized lesions that have not sufficiently responded after the initial 2 weeks. Before prescribing more than 2 weeks, any additional benefits of extending treatment to 4 weeks should be weighed against the risk of HPA axis suppression. Therapy should be discontinued when control has been achieved.
Approximate cost: (based on AWP 2008)	2 week supply (118 ml): \$413.48

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

- Clinically diagnosed moderate to severe plaque psoriasis affecting up to 20% body surface area
 - Must be 18 years of age or older
 - Must have tried for a minimum of 2 weeks and failed all of the following:
 - Clobetasol (Temovate) cream, gel, ointment, or solution
- AND**
- At least two other formulary very high potency or high potency topical steroids.

Cautions: Clobetasol propionate is a highly potent topical corticosteroid and has been shown to suppress the HPA axis at the lowest doses tested.

Contraindications: Hypersensitivity to clobetasol propionate, to other corticosteroids, 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 clobetasol or corticosteroids
- Being used on face, groin, or axillae
- Being used in the treatment of rosacea or perioral dermatitis

Step therapy requirements:

- Topical clobetasol* and topical betamethasone** and topical fluocinonide
- * Excluding Clobex products, Olux and Olux-E
** Excluding Luxiq

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 06/13/07
First revision: 01/08/08
Second revision: 06/18/08