



## Prior Authorization Approval Criteria

### *Clobex Lotion 0.05 % (clobetasol propionate)*

<b>Generic name:</b>	Clobetasol propionate
<b>Brand name:</b>	Clobex Lotion 0.05%
<b>Medication class:</b>	Anti-inflammatory agent, topical corticosteroid
<b>FDA-approved use:</b>	Short-term topical treatment of corticosteroid-responsive dermatoses and moderate to severe plaque psoriasis.
<b>Available dosage form:</b>	0.05% lotion in 30 ml, 59 ml, and 118 ml bottles
<b>Usual dose range:</b>	Apply twice a day. Total dosage should not exceed 50 gm (50 ml or 1.75 fluid ounces) per week.
<b>Duration of therapy:</b>	Dermatoses: 2 consecutive weeks. Psoriasis: 2 consecutive weeks. After the initial treatment, very localized lesions (less than 10% BSA) that have not sufficiently improved may be treated for up to 2 additional weeks. Extending treatment beyond 2 weeks should be weighed against the risks of HPA axis suppression. Therapy should be discontinued when control is achieved.
<b>Approximate cost:</b> (based on AWP 2008)	2 week supply (118 ml): \$338.55

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

- Clinically documented inflammatory or pruritic dermatoses
- OR**
- Clinically diagnosed moderate to severe plaque psoriasis
  - 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 for scalp application.
- 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: 11/12/04  
First revision: 06/13/07  
Second revision: 01/08/08  
Third revision: 06/18/08