



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: 2 week supply (118 ml): \$413.48 (based on AWP 2008)

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:
o Clobetasol (Temovate) cream, gel, ointment, or solution
AND
o 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