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:
    - Clobetasol (Temovate) cream, gel, ointment, or solution
    - 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
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