



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** betamethasone foam

**Brand Name:** Luxiq Foam, 0.12%

**Medication Class:** Steroid, topical

**FDA Approved Uses:** Topical treatment of dermatoses of the scalp

**Available Dosage Forms:** 50gm, 100gm, 150gm can

**Usual Dose:** Applied topically twice daily.

**Duration of Therapy:** 2 weeks maximum

**Approximate cost** (based on AWP 2008): 100gm \$254.73

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

- Clinically documented acute dermatoses of scalp.
- Failed/intolerant to betamethasone cream or high-dose topical corticosteroid.

**Not approved if:**

- Patient does not have acute dermatoses of scalp.
- Has not tried other medium or high-dose topical corticosteroids.
- Past treatment was less than 2 weeks duration

Or

- Area of need is larger than the scalp.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_