Prior Authorization Approval Criteria

Clobex Lotion 0.05 % (clobetasol propionate)

Generic name: Clobetasol propionate
Brand name: Clobex Lotion 0.05%
Medication class: Anti-inflammatory agent, topical corticosteroid
FDA-approved use: Short-term topical treatment of corticosteroid-responsive dermatoses and moderate to severe plaque psoriasis.
Available dosage form: 0.05% lotion in 30 ml, 59 ml, and 118 ml bottles
Usual dose range: Apply twice a day. Total dosage should not exceed 50 gm (50 ml or 1.75 fluid ounces) per week.
Duration of therapy: 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.

Approximate cost:
(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: __________________________________________

Adopted: 11/12/04
First revision: 06/13/07
Second revision: 01/08/08
Third revision: 06/18/08