# blue 🦁 of california

## clobetasol 0.5 % lotion (IMPEKLO)

### Diagnoses Considered for Coverage:

- Psoriasis
- Inflammatory skin conditions (dermatoses)
- Atopic dermatitis

#### Coverage Criteria:

#### For diagnosis listed above:

• Intolerance or contraindication to all preferred topical clobetasol 0.05% formulations (cream, emollient cream, foam, gel, ointment, solution) not expected with Impeklo.

Coverage Duration: 1 year

Effective Date: 11/30/2022