

**clobetasol 0.025 % cream (IMPOYZ)**

**Diagnoses Considered for Coverage:**

- Plaque psoriasis

**Coverage Criteria:**

**For diagnosis listed above:**

- Medical rationale why patient is unable to use clobetasol 0.05% cream, ointment, solution, gel, or emollient cream.

**Coverage Duration: 1 year**

Effective Date: 11/30/2022