

NON-PREFERRED CLOBETASOL FORMULATIONS

Applies To:

clobetasol propionate 0.05 % FOAM
 OLUX 0.05 % FOAM
 clobetasol propionate 0.05 % EMULSION FOAM
 OLUX-E 0.05 % FOAM

Diagnoses Considered for Coverage:

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

Coverage Criteria:

For diagnosis listed above:

- Responding to generic clobetasol 0.05 topical solution but requires the foam for a medically necessary reason.

Coverage Duration: 1 year

Effective Date: 11/30/2022