

Vitamin D Analogues
Calcipotriene
Calcipotriene/betamethasone
Enstilar (calcipotriene/betamethasone)
Sorilux (calcipotriene)
Taclonex (calcipotriene/betamethasone)
Effective 10/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Vitamin D analogues used as monotherapy or combined with a topical corticosteroid, (betamethasone dipropionate) are indicated for the treatment of plaque psoriasis.

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with a calcipotriene, formulation, Enstilar, Sorilux or Taclonex excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all of the following criteria are met, and documentation has been provided:

1. For calcipotriene cream, ointment, and solution:
 - The member is ≥ 12 years of age
 - The member is diagnosed with plaque psoriasis
 - The member has had an inadequate response, intolerance or has a contraindication to a generic topical corticosteroid.
 - **For Sorilux only:** the member has had an inadequate response or intolerance to calcipotriene cream, ointment and solution
2. For calcipotriene and betamethasone dipropionate combination products:
 - The member is ≥ 12 years of age
 - The member is diagnosed with plaque psoriasis
 - The member has had an inadequate response, intolerance or has a contraindication to a calcipotriene product **and** betamethasone dipropionate used concurrently as separate agents

3. For Enstilar:
 - The member is ≥ 12 years of age
 - The member is diagnosed with plaque psoriasis
 - The member has had an inadequate response, intolerance or has a contraindication to a calcipotriene product **and** betamethasone dipropionate used concurrently as separate agents AND
 - The member has had an inadequate response, intolerance or has a contraindication to a generic calcipotriene and betamethasone dipropionate combination product.

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

1. Approvals will be for 12 months

References

1. Taclonex (calcipotriene/betamethasone dipropionate suspension) [prescribing information]. Madison, NJ: Leo Pharma Inc; July 2019.
2. Enstilar (calcipotriene/betamethasone dipropionate foam) [prescribing information]. Madison, NJ: Leo Pharma Inc; July 2019.
3. Sorilux (calcipotriene) [prescribing information]. Greenville, NC: Mayne Pharma; May 2019.
4. Dovonex (calcipotriene) cream [prescribing information]. Madison, NJ: Leo Pharma; June 2017.
5. Calcipotriene Topical Solution [prescribing information]. Philadelphia, PA: Global Pharmaceuticals; July 2013

Review History

07/22/2020: Reviewed and Updated July P&T Mtg; removed calcitriol (moved to NF); removed Taclonex as medication is available generic; combination products require previous use of betamethasone and calcipotriene concurrently or as separate agents; Sorilux requires trials of all calcipotriene formulations; references updated. Effective 10/01/2020.

