

**Vitamin D Analogues**  
**Calcipotriene**  
**Calcipotriene/betamethasone**  
**Enstilar (calcipotriene/betamethasone)**  
**Sorilux (calcipotriene)**  
**Taclonex (calcipotriene/betamethasone) suspension**  
**Effective 01/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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 new to the plan within the past 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs

#### OR

Authorization may be granted for members when all the following criteria have been met:

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

- d. The member has had an inadequate response, intolerance or has a contraindication to a generic calcipotriene and betamethasone dipropionate combination product.

### **Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation of improvement of member's condition.

### **Limitations**

1. Approvals will be for 12 months

### **References**

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

### **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.

10/08/2025 – Reviewed and updated at September P&T. Removed calcipotriene/betamethasone ointment from the policy, as agent is moving to nonformulary status. Effective 1/1/2026.

