

Vitamin D Analogues
Calcipotriene cream, ointment, solution
Calcipotriene/betamethasone
Enstilar (calcipotriene/betamethasone) foam
Taclonex (calcipotriene/betamethasone) suspension
Effective 07/01/2026

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 Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	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

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, 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 ≥ 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.
2. For calcipotriene and betamethasone dipropionate suspension:
 - a. The member is ≥ 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 ≥ 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. Submission of medical records (e.g., chart notes) documenting 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. 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.

04/15/2026 – Reviewed and updated at April P&T. Updated policy to reflect that calcipotriene foam and Sorilux are moving to nonformulary status. Updated language for members who are new to the Plan. Effective 07/01/2026.

