PRIOR AUTHORIZATION CRITERIA

DRUG CLASS VITAMIN D ANALOGS TOPICAL

BRAND NAME (generic)

(calcipotriene cream)

(calcipotriene topical scalp solution)

CALCITRENE

(calcipotriene ointment)

ENSTILAR

(calcipotriene/betamethasone dipropionate foam)

SORILUX

(calcipotriene foam)

TACLONEX

(calcipotriene/betamethasone dipropionate ointment, suspension)

VECTICAL

(calcitriol ointment)

WYNZORA

(calcipotriene/betamethasone dipropionate cream)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Calcipotriene Cream

Calcipotriene cream, 0.005%, is indicated for the treatment of plaque psoriasis. The safety and effectiveness of topical calcipotriene in dermatoses other than psoriasis have not been established.

Calcipotriene Topical Solution

Calcipotriene Topical Solution, 0.005% (Scalp Solution) is indicated for the topical treatment of chronic, moderately severe psoriasis of the scalp. The safety and effectiveness of topical calcipotriene in dermatoses other than psoriasis have not been established.

Calcitrene

Calcitrene (calcipotriene) ointment, 0.005%, is indicated for the treatment of plaque psoriasis in adults. The safety and effectiveness of topical calcipotriene in dermatoses other than psoriasis have not been established.

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Enstilar

Enstilar (calcipotriene and betamethasone dipropionate) Foam is indicated for the topical treatment of plaque psoriasis in patients 12 years and older.

Sorilux

Sorilux Foam is indicated for the topical treatment of plaque psoriasis of the scalp and body in adults and pediatric patients 4 years of age and older.

Taclonex Ointment

Taclonex Ointment is indicated for the topical treatment of plaque psoriasis in patients 12 years of age and older.

Taclonex Topical Suspension

Taclonex Topical Suspension is indicated for the topical treatment of plaque psoriasis of the scalp and body in patients 12 years and older.

Vectical

Vectical Ointment is indicated for the topical treatment of mild to moderate plaque psoriasis in adults and pediatric patients 2 years and older.

Limitations of Use

The safety and effectiveness of Vectical Ointment in patients with known or suspected disorders of calcium metabolism have not been evaluated.

Wynzora

Wynzora Cream is indicated for the topical treatment of plaque psoriasis in patients 18 years of age and older.

COVERAGE CRITERIA

Psoriasis

Authorization may be granted when the requested drug is being prescribed for the treatment of psoriasis when ALL of the following criteria are met:

- The patient has experienced an inadequate treatment response, intolerance, OR the patient has a contraindication to a topical steroid
- The patient meets ONE of the following:
 - If additional quantities are being requested, then Vectical Ointment is being prescribed to treat a body surface area that requires MORE than 100 grams per month
 - If additional quantities are being requested, then calcipotriene cream, calcipotriene topical solution,
 Calcitrene Topical Ointment, Enstilar Foam, Sorilux Foam, Taclonex Ointment, Taclonex Suspension, or
 Wynzora Cream is being prescribed to treat a body surface area that requires MORE than 60 units per month

CONTINUATION OF THERAPY

Psoriasis

Authorization may be granted when the requested drug is being prescribed for the treatment of psoriasis when ALL of the following criteria are met:

- The patient has achieved or maintained a positive clinical response to the requested drug (e.g., clear, or almost clear outcome, patient satisfaction, etc.)
- The patient meets ONE of the following:
 - If additional quantities are being requested, then Vectical Ointment is being prescribed to treat a body surface area that requires MORE than 100 grams per month
 - If additional quantities are being requested, then calcipotriene cream, calcipotriene topical solution, Calcitrene Topical Ointment, Enstilar Foam, Sorilux Foam, Taclonex Ointment, Taclonex Suspension, or Wynzora Cream is being prescribed to treat a body surface area that requires MORE than 60 units per month

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QUANTITY LIMITS APPLY

QUANTITY LIMIT A			
Drug	1 Month Limit*	3 Month Limit*	
calcipotriene cream 0.005%	60 grams / 25 days	180 grams / 75 days	
calcipotriene topical solution 0.005%	60 mL / 25 days	180 mL / 75 days	
Calcitrene (calcipotriene) Topical Ointment 0.005%	60 grams / 25 days	180 grams / 75 days	
Enstilar (calcipotriene/betamethasone diproprionate) Foam 0.005%/0.064%	60 grams / 25 days	180 grams / 75 days	
**Sorilux (calcipotriene) Foam 0.005%	60 grams / 25 days	180 grams / 75 days	
Taclonex (calcipotriene/betamethasone diproprionate) Ointment 0.005%/0.064%	60 grams / 25 days	180 grams / 75 days	
Taclonex (calcipotriene/betamethasone diproprionate) Suspension 0.005%/0.064%	60 grams / 25 days	180 grams / 75 days	
Vectical (calcitriol) Ointment 3 mcg/g	100 grams / 25 days	300 grams / 75 days	
Wynzora (calcipotriene/betamethasone diproprionate) Cream 0.005%/0.064%	60 grams / 25 days	180 grams / 75 days	

^{*}The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

For body surface areas requiring MORE than 60 units, or 100 grams (for Vectical only) per month:

QUANTITY LIMIT B			
Drug	1 Month Limit*	3 Month Limit*	
calcipotriene cream 0.005%	120 grams / 25 days	360 grams / 75 days	
calcipotriene topical solution 0.005%	120 mL / 25 days	360 mL / 75 days	
Calcitrene (calcipotriene) Topical Ointment 0.005%	120 grams / 25 days	360 grams / 75 days	
Enstilar (calcipotriene/betamethasone diproprionate) Foam 0.005%/0.064%	120 grams / 25 days	360 grams / 75 days	
Sorilux (calcipotriene) Foam 0.005%	120 grams / 25 days	360 grams / 75 days	
Taclonex (calcipotriene/betamethasone diproprionate) Ointment 0.005%/0.064%	120 grams / 25 days	360 grams / 75 days	
Taclonex (calcipotriene/betamethasone diproprionate) Suspension 0.005%/0.064%	120 grams / 25 days	360 grams / 75 days	
Vectical (calcitriol) Ointment 3 mcg/g	200 grams / 25 days	600 grams / 75 days	
Wynzora (calcipotriene/betamethasone diproprionate) Cream 0.005%/0.064%	120 grams / 25 days	360 grams / 75 days	

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^{**}Brand Sorilux Foam is only available in a 120 gram can. Generic calcipotriene foam is available in a 60 gram can. Requests for brand will need to be addressed in Quantity Limit B Chart.

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

DURATION OF APPROVAL (DOA)

1339-A: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

REFERENCES

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