

STEP THERAPY 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 Step Therapy with Quantity Limit;****Post Step Therapy 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.

Vitamin D Analogs Topical ST with Limit, Post PA Policy 1381-E UDR 07-2024

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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.

INITIAL STEP THERAPY with QUANTITY LIMIT*

**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30-day supply of a topical steroid within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria or exceeds the initial quantity limit, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit the claim will reject with a message indicating that a PA is required.

<u>INITIAL LIMIT QUANTITY</u>		
Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength		
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 dipropionate) 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 dipropionate) Ointment 0.005%/0.064%	60 grams / 25 days	180 grams / 75 days

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Taclonex (calcipotriene/betamethasone dipropionate) 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 dipropionate) 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. **Brand Sorilux Foam is only available in a 120 gram can. Generic calcipotriene foam is available in a 60 gram can. All requests for brand Sorilux Foam will be considered through post limit prior authorization. Please see Post Limit Quantity Chart.		

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

QUANTITY LIMITS APPLY

<u>POST LIMIT QUANTITY</u>		
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

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Enstilar (calcipotriene/betamethasone dipropionate) 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 dipropionate) Ointment 0.005%/0.064%	120 grams / 25 days	360 grams / 75 days
Taclonex (calcipotriene/betamethasone dipropionate) 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 dipropionate) Cream 0.005%/0.064%	120 grams / 25 days	360 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.		

DURATION OF APPROVAL (DOA)

- 1381-E: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months

REFERENCES

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