AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Calcipotriene	Page:	1 of 2
Effective Date:	10/25/2024	Last Review Date:	10/2024

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☐New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for calcipotriene under the patient's prescription drug benefit.

Description:

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.

Applicable Drug List:

calcipotriene

Policy/Guideline:

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 the following:
    - If additional quantities are being requested, then calcipotriene cream or calcipotriene topical solution 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 the following:
    - If additional quantities are being requested, then calcipotriene cream or calcipotriene topical solution is being prescribed to treat a body surface area that requires MORE than 60 units per month

Approval Duration and Quantity Restrictions:

Approval: Initial = 3 months; renewal = 12 months

References:

1. Calcipotriene Cream [package insert]. Mahwah, NJ; Glenmark Pharmaceuticals Inc., USA; February 2023.
2. Calcipotriene Topical Solution [package insert]. South Plainfield, NJ: Cosette Pharmaceuticals, Inc.; February 2021.
3. Calcitrene Ointment [package insert]. Hawthorne, NY: Taro Pharmaceuticals U.S.A., Inc.; November 2011.
4. Enstilar Foam [package insert]. Madison, NJ: LEO Pharma Inc.; April 2022.
5. Sorilux [package insert]. Greenville, NC: Mayne Pharma.; April 2024.
6. Taclonex Ointment [package insert]. Madison, NJ: LEO Pharma Inc.; January 2023.
7. Taclonex Topical Suspension [package insert]. Madison, NJ: LEO Pharma Inc.; August 2020.
8. Vectical Ointment [package insert]. Dallas, TX: Galderma Laboratories, L.P.; October 2022.
9. Wynzora Cream [package insert]. Charleston, SC; EPI Health, LLC..; November 2023.
10. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed May 29, 2024.
11. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 06/05/2024).
12. Elmets C, Korman, N, Farley Prater E, et al. Joint AAD-NPF Guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol* 2020; 84:432-470.
13. Eichenfield L, Tom W, Berger T, et al. Guidelines of care for the management of atopic dermatitis: Section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol* 2014; 71:116-32.
14. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Chemical Hazards Emergency Medical Management. February 12, 2024. Available at: https://chemm.hhs.gov/burns.htm. Accessed June 4, 2024.