

Clinical Pharmacy Program Guidelines for Antipsoriatic Agents

Program	Step Therapy
Medication	Calcipotriene cream, calcipotriene ointment, calcitriol ointment
Market in scope	Arizona, California, Colorado, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2016
Pharmacy and Therapeutics Approval Date	11/2020
Effective Date	1/2021

1. Background:

The intent of this policy is to contain utilization of topical calcipotriene and calcitriol to those who have failed therapy with, or who are unable to receive or tolerate, medium to high potency corticosteroid topical treatments.

2. Coverage Criteria:

<p>A. <u>Calcipotriene cream, calcipotriene ointment, or calcitriol ointment</u></p> <p>1. Calcipotriene cream, calcipotriene ointment, or calcitriol ointment will be approved based on <u>all</u> of the following:</p> <ul style="list-style-type: none"> a. Diagnosis of psoriasis <p style="text-align: center;">-AND-</p> <ul style="list-style-type: none"> b. History of failure, contraindication, or intolerance to <u>two</u> medium to high potency corticosteroid topical treatments <p>Authorization will be issued for 12 months.</p>

Additional Information

Table 1. Relative Potency of Selected Topical Corticosteroid Products

Drug	Dosage Form	Strength
Super-High Potency		
Augmented betamethasone dipropionate (Diprolene)	Gel, Ointment	0.05%

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Clobetasol propionate (Temovate, Temovate E)	Cream, Solution	0.05%
Halobetasol propionate (Ultravate)	Cream	0.05%
High Potency		
Augmented betamethasone dipropionate (Diprolene, Diprolene AF)	Cream, Lotion	0.05%
Betamethasone dipropionate	Lotion, Ointment	0.05%
Fluocinonide (Lidex, Lidex E)	Cream, Solution	0.05%
Triamcinolone acetonide (Kenalog)	Cream, Ointment	0.5%
Medium Potency		
Betamethasone valerate (Beta-Val)	Cream	0.1%
Fluocinolone acetonide (Synalar)	Cream, Ointment	0.025%
Fluticasone propionate (Cutivate)	Cream, Lotion	0.05%
	Ointment	0.005%
Hydrocortisone butyrate (Locoid)	Ointment, Solution	0.1%
Mometasone furmoate (Elocon)	Cream, Ointment, Solution	0.1%
Prednicarbate (Dermatop)	Cream	0.1%
Triamcinolone acetonide (Aristocort, Kenalog)	Cream, Lotion	0.1%
	Ointment	0.025%

Reference: Comparison of Representative Topical Corticosteroid Preparations, UpToDate 2020.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Goldstein B, Goldstein A. General principles of dermatologic therapy and topical corticosteroid use. Dellavalle R (Ed). UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> (Accessed on October 6, 2020).

2. Mentor A, Korman N, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 3. Guidelines of care for the management and treatment of psoriasis with topical therapies. Amer. Acad. of Derm. 2009;60:643-59.
3. Feldman, SR. Treatment of psoriasis in adults. Ofori A (Ed). UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> (Accessed on October 6, 2020).
4. Dovonex [Package Insert]. Madison, NJ: Leo Pharma Inc.; January 2020.
5. Calcitrene [Package Insert]. Hawthorne, NY: Taro Pharmaceuticals U.S.A, Inc.; January 2019.
6. Vectical [Package Insert]. Fort Worth, TX: Galderma Laboratories, L.P.; July 2020.

Program	Step Therapy - Calcipotriene cream, calcipotriene ointment, calcitriol ointment
Change Control	
Date	Change
9/2016	New Program
10/2017	Annual review. Updated background and references.
10/2018	Annual review. Updated potency chart and references.
11/2019	Annual review. Updated potency chart and references.
11/2020	Annual Review. Updated potency chart and references. Added additional clinical rules section.