

Topical Antipsoriatics Utilization Management Criteria

Therapeutic Class:	Topical Antipsoriatics
Non-Preferred Agents:	Calcitriol ointment (generic Vectical), Taclonex (calcipotriene and betamethasone dipropionate) ointment, Taclonex Scalp (calcipotriene/betamethasone) suspension, Sorilux (calcipotriene) foam, Enstilar (calcipotriene and betamethasone dipropionate) foam, Zoryve (roflumilast) 0.3% cream/foam
Preferred Agents:	Calcipotriene ointment, cream, solution (generic) Vectical (calcitriol) ointment (brand) calcipotriene/betamethasone ointment (generic)
Implementation Date:	1/1/2026
Prepared For:	CT
PDL Status:	Non-preferred
Purpose:	<p>Psoriasis affects primarily the skin and joints and is characterized by symptoms including skin scaling, induration, and erythema. Psoriasis plaques are erythematous, have sharply defined margins, and can range from less than 1 cm to more than 10 cm in diameter with a thick, silvery scale typically present. Management of this disease can involve both topical and systemic therapies. Treatment is chosen based on disease severity, comorbidities, patient preference, and cost. Topical therapy may provide symptomatic relief and can help minimize doses of systemic treatments.</p> <p>Topical corticosteroids remain the mainstay of topical psoriasis treatment due to their anti-inflammatory, antiproliferative, and immunosuppressive actions. Topical vitamin D analog agents include synthetic calcipotriene and active calcitriol. These agents come in a variety of formulations to account for patient and disease specific factors including location of plaques and cosmetic preferences.</p> <p>Overall, the guidelines emphasize the use of steroid-sparing agents (either alone or in combination with topical corticosteroids) as an important strategy for lowering the risk of steroid-induced adverse effects. Importantly, when using topical medication, children are more susceptible than adults to systemic adverse effects due to a higher ratio of skin surface area to body mass. Evidence summarized by the guidelines suggests that combination topical therapies that include corticosteroids plus calcipotriene or tazarotene are more effective than therapy with single agent products.</p>

Table 1. Topical Antipsoriatics

Generic Name	Brand Name	Approved Indications	Route of Administration	Generic Availability
Betamethasone/calcipotriene	Enstilar [®]	Plaque psoriasis in patients 12 years of age and older	Topical	Y
	Taclonex ^{®*}	Plaque psoriasis of the scalp (suspension only) and body in patients 12 years of age and older		Y
Calcipotriene	Dovonex [®] Scalp*	Plaque psoriasis of the scalp (chronic, moderately severe)		Y
	Dovonex [®]	Plaque psoriasis		Y
	Sorilux [®]	Plaque psoriasis of the scalp and body in patients 4 years and older		N
Calcitriol	Vectical [®]	Plaque psoriasis (mild to moderate in severity) in patients 2 years of age and older		Y
Roflumilast	Zoryve [®] Cream	Plaque psoriasis, including intertriginous areas, in patients 6 years of age and older (Cream 0.3% only).		N
Roflumilast	Zoryve [®] Foam	Seborrheic dermatitis in patients 9 years of age and older, plaque psoriasis of the scalp and body in patients 12 years of age and older		N

*Off-market.

All authorizations must be prescribed in accordance with FDA approved labeling. Use of samples to initiate therapy does not meet step therapy and/or continuation of therapy prior authorization requirements. Prior therapies will be verified through pharmacy claims and/or submitted chart notes.

General Approval Criteria:

- For specific formulation requests
 - For brand requests when a therapeutically equivalent generic is preferred:** Provider must provide a documented medical reason the preferred generic formulation cannot be used
 - For generic requests when a therapeutically equivalent brand is preferred:** Provider must provide a documented medical reason the preferred brand formulation cannot be used
 - For non-preferred dosage or formulation requests:** Provider must provide a documented medical reason the preferred dosage or formulation cannot be used

Initial Therapy – One the following must be met:

- For Zoryve 0.3% cream– All of the following must be met**
 - Prescribed by or in consultation with a dermatologist or other specialist familiar with the treated disease state
 - Documented diagnosis of plaque psoriasis
 - Trial and failure of **ONE** preferred product within the following classes within the previous 6 months:
 - Topical vitamin D analog
 - Topical corticosteroids

OR

- Patient has a documented adverse event/adverse drug reaction to trialed product or contraindication to all topical vitamin D analogs and topical corticosteroid products
- Claim will deny if patient has a diagnosis of moderate to severe liver impairment (Child-Pugh B or C)
- Age limitations:
 - Zoryve 0.3% cream: 6 years and older
- **For Zoryve 0.3% foam – Must meet one of the following**
 - Diagnosis of plaque psoriasis of the scalp and/or body and patient meets all of the following:
 - Prescribed by or in consultation with a dermatologist or other specialist familiar with the treated disease state
 - Trial and failure of **ONE** preferred product within the following classes within the previous 6 months:
 - Topical vitamin D analog
 - Topical corticosteroids

OR

- Patient has a documented adverse event/adverse drug reaction to trialed product or contraindication to all topical vitamin D analogs and topical corticosteroid products
- Claim will deny if patient has a diagnosis of moderate to severe liver impairment (Child-Pugh B or C)
- Age limitations:
 - Zoryve 0.3% foam: 12 years and older
- Diagnosis of seborrheic dermatitis and patient meets all of the following:
 - Prescribed by or in consultation with a dermatologist or other specialist familiar with the treated disease state
 - Trial and failure of **ONE** preferred product within the following classes within the previous 6 months:
 - Topical antifungal
 - Topical corticosteroids

OR

- Patient has a documented adverse event/adverse drug reaction to trialed product or contraindication to all topical antifungal and topical corticosteroid products
- Claim will deny if patient has a diagnosis of moderate to severe liver impairment (Child-Pugh B or C)
- Age limitations:
 - Zoryve 0.3% foam: 9 years and older

- **For all other products – All of the following must be met**
 - Claim is for a preferred agent **OR**
 - Prescribed by or in consultation with a dermatologist or other specialist familiar with the treated disease state
 - Diagnosis of plaque psoriasis **AND** trial and failure of **ONE** preferred product (Calcipotriene ointment, cream, solution, Vectical ointment, calcipotriene/betamethasone ointment) (defined as a 30 day trial) within the prior 6 months **OR** documented adverse event/adverse drug reaction or contraindication to all preferred products **OR** absence of appropriate formulation of preferred agents/product (clinical justification required documenting why preferred formulation is not appropriate)

Initial PA length: 1 year

Exclusion Criteria: Approval criteria not met

Continuation Therapy: Documented compliance on current therapy regimen **AND** Documented continued clinical benefit **AND**

- For specific formulation requests
 - **For brand requests when a therapeutically equivalent generic is preferred:** Provider must provide a documented medical reason the preferred generic formulation cannot be used
 - **For generic requests when a therapeutically equivalent brand is preferred:** Provider must provide a documented medical reason the preferred brand formulation cannot be used
 - **For non-preferred dosage or formulation requests:** Provider must provide a documented medical reason the preferred dosage or formulation cannot be used

Continuation Length: 1 year

References:

1. Drugs@FDA: FDA Approved Drug Products. Accessed September 2025.
<https://www.accessdata.fda.gov/scripts/cder/daf/>
2. DailyMed: National Library of Medicine. Accessed September 2025.
<https://dailymed.nlm.nih.gov/dailymed/index.cfm>
3. Facts and Comparisons eAnswers online. Waltham, MA: UpToDate Inc.; 2025. Accessed September 2025. Available <https://www.wolterskluwer.com/en/solutions/uptodate/enterprise/lexidrug-facts-and-comparisons>
4. Drugs@FDA: FDA approved drug products. Accessed September 2025.
<https://www.accessdata.fda.gov/scripts/cder/daf/>
5. Enstilar [package insert]. Madison, NJ: LEO Pharma Inc.; 2022
6. Duobrii [package insert]. Bridgewater, NJ: Bausch Health US, LLC; 2020
7. Zoryve cream [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc.; 2024
8. Zoryve foam [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc.; 2025
9. Lebwohl M, Kircik L, Lacour JP, et al. Twice-weekly topical calcipotriene/betamethasone dipropionate foam as proactive management of plaque psoriasis increases time in remission and is well tolerated over 52 weeks (PSO-LONG trial). *J Am Acad Dermatol*. 2021;84(5):1269-1277.
10. Lebwohl MG, Kircik LH, Moore AY, et al. Effect of roflumilast cream vs vehicle cream on chronic plaque psoriasis: The DERMIS-1 and DERMIS-2 randomized clinical trials. *JAMA*. 2022;328(11):1073-1084. doi:10.1001/jama.2022.15632
11. Ehsan M, Rehman AU, Athar F, et al. Benvitimod for the treatment of psoriasis: A systematic review and meta-analysis of randomized controlled trials. *Dermatol Ther*. 2022;35(12):e15957.

12. Gold LS, Green LJ, Dhawan S, et al. A phase 3, randomized trial demonstrating the improved efficacy and patient acceptability of fixed dose calcipotriene and betamethasone dipropionate cream. *J Drugs Dermatol.* 2021;20(4):420-425.
13. Elmetz CA, Korman NJ, Prater EF, 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.* 2021;84(2):432-470.
14. Menter A, Cordoro KM, Davis DMR, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis in pediatric patients. *J Am Acad Dermatol.* 2020;82(1):161-201.
15. Richard Feldman, S. Lewitt, M. Chronic Plaque Psoriasis in Adults: Treatment of disease amenable to topical therapy. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on October 2, 2025.)
16. Paller, A. Broun Lund, E. Chronic Plaque Psoriasis in Children: Overview of Management. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on October 2, 2025.)
17. Sasseville, D. Houle, MC. Seborrheic Dermatitis in Adolescents and Adults. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Accessed on November 25, 2025.)

Revision History

Date	Version	Revisions
11/28/2025	V1	Document approved by DSS