CRITERIA FOR COVERAGE/NONCOVERAGE

Taclonex® (calcipotriene/betamethasone dipropionate) will be considered for coverage under the pharmacy benefit program when the following criteria are met:

- Patient has a diagnosis of psoriasis vulgaris/plaque psoriasis
- Patient has tried and had an inadequate response or intolerance to a medium to high potency topical steroid AND a Vitamin D analog used concurrently

**Quantity Limits:**
Taclonex® (calcipotriene 0.005%/betamethasone dipropionate 0.064%) Ointment has a quantity limit of 400 g/30 days.

Taclonex® (calcipotriene 0.005%/betamethasone dipropionate 0.064%) Suspension has a quantity limit of 120 g per 30 days.

**Reauthorization Criteria and Duration:**
Authorization for continued use shall be reviewed every 12 months to confirm the following:
- Patient has responded to therapy (e.g., symptoms have improved)

Taclonex (calcipotriene/betamethasone dipropionate) is considered experimental/investigational for conditions not listed in this coverage policy section.