



STEP THERAPY POLICY

- POLICY:** Topical Vitamin D Analogs Step Therapy Policy
- Calcipotriene 0.005% foam– Trifluent Pharma (authorized generic)
 - Calcipotriene 0.005% ointment (generic only)
 - Calcipotriene 0.005% solution (generic only)
 - Dovonex® (calcipotriene cream 0.005% – LEO Pharma, generic)
 - Enstilar® (calcipotriene 0.005% and betamethasone dipropionate 0.064% foam – LEO Pharma)
 - Sorilux® (calcipotriene foam 0.005% – Mayne Pharma, generic)
 - Taclonex® (calcipotriene 0.005% and betamethasone dipropionate 0.064% ointment and suspension – LEO Pharma, generic)
 - Wyzora® (calcipotriene 0.005% and betamethasone dipropionate 0.064% cream – MC2 Therapeutics)

REVIEW DATE: 11/12/2025; selected revision 01/28/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

The topical vitamin D analog products are indicated for the treatment of **plaque psoriasis**. The specific indications are as follows:¹⁻¹²

- **Dovonex** (calcipotriene cream) and calcipotriene ointment are indicated for the treatment of **plaque psoriasis in adults**.
- Calcipotriene solution is indicated for the treatment of **plaque psoriasis of the scalp in adults**.
- **Enstilar** (calcipotriene and betamethasone dipropionate foam) is indicated for the topical treatment of **plaque psoriasis in patients ≥ 12 years** of age.
- **Calcipotriene foam 0.005%** (authorized generic) and **Sorilux** (calcipotriene foam) are indicated for the topical treatment of **plaque psoriasis of the scalp and body in adults and pediatric patients ≥ 4 years** of age.
- **Taclonex** (calcipotriene and betamethasone dipropionate **ointment**) is indicated for the topical treatment of **plaque psoriasis in patients ≥ 12 years** of age.
- **Taclonex** (calcipotriene and betamethasone dipropionate **suspension**) is indicated for the topical treatment of **plaque psoriasis of the scalp and body in patients ≥ 12 years** of age. Due to market exclusivity, generic calcipotriene and betamethasone dipropionate suspension is indicated for the topical treatment of plaque psoriasis of the scalp in patients ≥ 12 years of age and plaque psoriasis of the body in patients ≥ 18 years of age.
- **Wynzora** (calcipotriene and betamethasone dipropionate cream) is indicated for the topical treatment of **plaque psoriasis in patients ≥ 18 years** of age.

Several of the topical vitamin D analogs are indicated for use in patients < 18 years of age: calcipotriene foam (authorized generic), generic calcipotriene-betamethasone dipropionate ointment and suspension, Enstilar foam, Sorilux foam, and Taclonex ointment and suspension.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Step 1: generic calcipotriene cream, generic calcipotriene ointment, generic calcipotriene solution

Step 2: generic calcipotriene-betamethasone dipropionate ointment, generic calcipotriene-betamethasone dipropionate suspension, calcipotriene foam (authorized generic), Dovonex cream, Enstilar foam, Sorilux foam, Taclonex ointment, Taclonex suspension, Wynzora cream

Topical Vitamin D Analogs Step Therapy Policy product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. If the patient is < 18 years of age, approve calcipotriene foam (authorized generic), generic calcipotriene-betamethasone dipropionate ointment, generic calcipotriene-betamethasone dipropionate suspension, Enstilar foam, Sorilux foam, Taclonex ointment, or Taclonex suspension.

REFERENCES

1. Calcipotriene cream [prescribing information]. Mahwah, NJ: Glenmark; February 2023.
2. Calcipotriene and betamethasone dipropionate ointment [prescribing information]. Allegan, MI: Perrigo; January 2020.
3. Dovonex® cream [prescribing information]. Madison, NJ: LEO Pharma.; October 2025.
4. Calcipotriene foam [prescribing information]. Greenville, NC: Mayne Pharma; April 2024.
5. Sorilux® foam [prescribing information]. Greenville, NC: Mayne Pharma; April 2024.
6. Taclonex® ointment [prescribing information]. Madison, NJ: LEO Pharma; January 2023.
7. Taclonex® suspension [prescribing information]. Madison, NJ: LEO Pharma; August 2020.
8. Wynzora® cream [prescribing information]. Dover, DE: MC2 Therapeutics; November 2023.
9. Enstilar® foam [prescribing information]. Madison, NJ: LEO Pharma; April 2022.
10. Calcipotriene solution [prescribing information]. South Plainfield, NJ: Cosette; February 2021.
11. Dovonox® ointment [prescribing information]. Madison, NJ: LEO Pharma; October 2025.
12. Calcipotriene and betamethasone dipropionate suspension [prescribing information]. South Plainfield, NJ: Cosette; April 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	11/15/2023
Annual Revision	No criteria changes.	11/06/2024
Annual Revision	No criteria changes.	11/12/2025
Selected Revision	Generic calcipotriene-betamethasone dipropionate suspension and Taclonex suspension were added to Step 2 with an exception if the patient is < 18 years of age.	01/28/2026

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