

<b>Policy Name:</b>	<b>Topical Vitamin D3, Taclonex and Vectical Step Edit</b>	<b>Policy#:</b>	<b>1495P</b>
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for topical Vitamin D3 preparations, calcipotriene/betamethasone ointment and Vectical.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of calcipotriene/betamethasone ointment and Vectical when the following criteria have been met

## Criteria

### 1. Coverage Criteria

- 1.1 A previous paid claim at the pharmacy of calcipotriene (generic Dovonex)
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure of generic calcipotriene

### 2. Managed Dose Limit

- 2.1 All skin products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process
- 2.2 Requests for larger package sizes will require documentation of medical necessity, including the following:
  - At least two previous paid claims for the product in the smallest package size within the previous month

### 3. Approval Period

- 3.1 12 months

## CPT Codes

## HCPCS Codes

## References

1. American Academy of Dermatology Work Group, Menter A, Korman NJ, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: section 6. Guidelines of care for the treatment of psoriasis and psoriatic arthritis: case-based presentations and evidence-based conclusions. J Am Acad Dermatol 2011; 65:137.
2. Samarasekera EJ, Sawyer L, Wonderling D, et al. Topical therapies for the treatment of plaque psoriasis: systematic review and network meta-analyses. Br J Dermatol 2013; 168:954.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.