

POLICY NAME	Topical Vitamin D3, Taclonex and Vectical Step	POLICY #	1495P
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Criteria

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