



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Calcipotriene 0.005% and betamethasone dipropionate 0.064% ointment

Brand Name: Taclonex 0.005%/0.064% ointment

Medication Class: Vitamin D₃ analogue/ corticosteroid

FDA Approved Uses: Topical treatment of psoriasis vulgaris in adults 18 years of age and older for up to 4 weeks.

Available Dosage Forms: 0.005%/0.064% topical ointment; 60gm and 100gm tubes

Usual Dose: Apply topically once daily for up to 4 weeks. Maximum weekly dose should not exceed 100gm.

Duration of Therapy: Up to 4 weeks

Approximate cost (based on AWP 2007): \$427.87 for 60gm; \$713.12 for 100gm

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Must have clinically documented psoriasis vulgaris
 - Must be 18 years of age or older
 - Tried and failed calcipotriene cream or solution and betamethasone (as separate products) simultaneously
- Or
- Inability (other than convenience or non-compliance) to use two separate medications

Cautions:

- Should not be applied to the face, axillae, or groin
- Should not be used in the presence pre-existing skin atrophy at treatment site
- Treatment of more than 30% body surface area is not recommended
- Maximum weekly dose should not exceed 100gm
- Hypercalcemia has been observed. Discontinue Taclonex if serum calcium exceeds normal range until normal calcium levels are restored. The effects of Taclonex on calcium metabolism beyond 4 weeks is not known.
- May produce reversible HPA axis suppression
- Limit exposure to natural or artificial sunlight

Monitoring:

- Serum calcium
- HPA axis suppression
- Skin infections



Contraindications:

- Patients with a history of hypersensitivity to any component of Taclonex
- Patients with known or suspected disorders of calcium metabolism
- Patients with erythrodermic, exfoliative, or pustular psoriasis

Not Approved if:

- Patient has any contraindication to the use of Taclonex
- Patient was non-compliant using separate products simultaneously
- Being used for convenience
- Does not meet above criteria

P&T Approval: _____ Date: _____