Policy Title: Calcitriol (Vectical) Ointment

Policy Number: FS.CLIN.73

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy

Calcitriol (Vectical) is indicated for the topical treatment of mild to moderate plaque psoriasis in adults 18 years and older.

The use of Calcitriol (Vectical) requires prior authorization (ie, clinical pharmacy and or Medical Director review).

Policy Description

Calcitriol (Vectical) is a naturally occurring active form of Vitamin D3. The mechanism of Calcitriol (Vectical) in the treatment of psoriasis has not been established but it is thought to inhibit the proliferation of, and promote the differentiation of keratinocytes of lesional psoriatic skin. Calcitriol (Vectical™) is new to the market and has not been shown to have superior efficacy to calcipotriene (Dovonex) for its FDA labeled indication.

Policy Guideline Inclusion

Calcitriol (Vectical) is approved when all of the following inclusion criteria are met:

- Documentation of a diagnosis of mild to moderate plaque psoriasis in adults 18 years of age and older
- Documentation of a trial and failure/contraindication/intolerance/allergy to calcipotriene (Dovonex)

Policy Guideline Exclusion

Calcitriol (Vectical) is denied when any of the following exclusion criteria are present:

- No documentation of a diagnosis of mild to moderate plaque psoriasis in adults 18 years of age and older
- No documentation of a trial and failure/contraindication/intolerance/allergy to calcipotriene (Dovonex)

Policy List of Applicable Drugs

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vectical</td>
<td>Calcitriol</td>
</tr>
</tbody>
</table>

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.
Policy References


Policy Link to Related Policies

The Policy Bulletins on this web site were developed to assist AmeriHealth and its subsidiaries ("AmeriHealth") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an AmeriHealth member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. AmeriHealth does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of AmeriHealth. If you have a specific medical condition, please consult with your doctor. AmeriHealth reserves the right at any time to change or update its Policy Bulletins. ©2008 AmeriHealth, Inc. All Rights Reserved. Current Procedural Terminology ©2008 American Medical Association. All Rights Reserved.