

calcipotriene/betamethasone dipropionate foam (ENSTILAR)

Diagnosis Considered for Coverage:

- Plaque Psoriasis

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 12 years old, **and**
- Intolerance to combination therapy of generically available betamethasone and calcipotriene that is not expected with Enstilar, **and**
- Does not exceed FDA approved dosing.

Coverage Duration: one year

Reference:

1. Prescribing Information. Enstilar. LEO Pharma Inc. 2021

Effective Date: 3/1/2023