

calcipotriene (Sorilux®)

Commercial Pharmacy Benefit Drug Policy

Drug Details

USP Category: DERMATOLOGICAL AGENTS

Mechanism of Action:

Label Name	Quantity Limit
Calcipotriene 0.005 % FOAM	Quantity Limit May Apply
Calcipotriene 0.005 % FOAM	Quantity Limit May Apply
Sorilux 0.005 % FOAM	Quantity Limit May Apply

Condition(s) listed in policy *(see coverage criteria for details)*

- Plaque Psoriasis (PsO)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

Plaque Psoriasis (PsO)

1. Inadequate response or intolerable side effect to one generic calcipotriene formulation (e.g., solution [for scalp plaque psoriasis] or cream/ointment [for body plaque psoriasis])

Coverage Period:

one year

Additional Information

- Approved in October 2010 for the treatment of plaque psoriasis, Sorilux contains the D3 analog calcipotriene 0.005% in a topical foam vehicle. Sorilux is applied as a thin layer twice daily to affected areas.

References

1. Prescribing Information. SORILUX(R) topical foam, calcipotriene 0.005% topical foam. Mayne Pharma. 11/2023.

Review History



Date of Last Annual Review: 1Q2024

Date of last revision: 02/28/2024

Changes from previous policy version:

- Annual review: expanded pre-requisite therapy options to include generic calcipotriene formulations solution, cream, ointment.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*