



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Taclonex™ (calcipotriene/betamethasone dipropionate)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 12 years of age
- Member must not be pregnant
- Member must not have hypercalcemia
- Member has tried and failed a preferred high potency topical steroid (refer to Preferred Drug List for preferred options)