

Clinical Policy Title:	roflumilast, tapinarof
Policy Number:	RxA.777
Drug(s) Applied:	Zoryve™, Vtama®
Original Policy Date:	10/19/2022
Last Review Date:	4/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Plaque Psoriasis (must meet all):

1. Diagnosis of Plaque psoriasis;
2. Trial and failure of at least one (1) generic topical corticosteroid, unless contraindicated or clinically significant adverse effects are experienced;
3. Prescribed by or in consultation with a dermatologist or rheumatologist;

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Plaque Psoriasis (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. IPD Analytics Rx Insights_Zoryve Approved for Plaque Psoriasis. Client Log In - Pharma Market Insights. Ipdanalytics.com. Accessed October 3, 2022. Available at : <https://secure.ipdanalytics.com/User/Pharma/RxStrategy/Search?q=Zoryve>. Accessed October 03, 2022.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	09/12/2022	10/19/2022
Policy was reviewed.	11/27/2023	11/27/2023
Policy was reviewed. 1. Added "Member is currently receiving or has been treated"	3/1/2024	2/28/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>with this medication within the past 90 days, excluding manufacturer samples” to reauth</p>		
<p>Policy Reviewed: Removed: 1. Criteria for CS potency 2. BSA criteria Merged with Vtama policy 771</p>	<p>4/1/2024</p>	<p>4/1/2024</p>