

# Vtama (tapinarof)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Vtama (tapinarof) 1% cream	May be subject to quantity limit

## **APPROVAL CRITERIA**

Requests for Vtama (tapinarof) 1% cream may be approved if the following criteria are met:

- I. Individual has a diagnosis of plaque psoriasis; **AND**
- II. Individual has had a trial of and inadequate response or intolerance to TWO of the following topical therapies from different classes for psoriasis\* (AAD 2020) [A combination agent with two different classes (for example, calcipotriene/betamethasone) is accepted as a trial of two]. Medication samples/coupons/discount cards are excluded from consideration as a trial:
  - A. Medium to high potency topical corticosteroids; **OR**
  - B. Tazarotene; **OR**
  - C. Vitamin D analogs (calcitriol, calcipotriene); **OR**
  - D. Topical calcineurin inhibitors (tacrolimus or pimecrolimus); **OR**
  - E. Salicylic acid; **OR**
  - F. Anthralin; **OR**
  - G. Coal tar preparations;

\*Some therapies may be subject to Prior Authorization.

### **AND**

- III. Individual has had a trial of and inadequate response or intolerance to Zoryve cream. Medication samples/coupons/discount cards are excluded from consideration as a trial.;  
**OR**
- IV. Individual has moderate to severe liver impairment.

**Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 9, 2023.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
4. Elmetts CA, Korman NJ, Prater EF, Wong EB, Rupani RN, Kivelevitch D, et al. Joint AAD-NPF Guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures, Journal of the American Academy of Dermatology (2020), doi: <https://doi.org/10.1016/j.jaad.2020.07.087>.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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