

POLICY NAME

Vtama (tapinarof) cream

POLICY #

3157P

Criteria

Coverage Criteria for Plaque Psoriasis

- ☐ 1.1 Diagnosis of plaque psoriasis with body surface area (BSA) \leq 20%
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Prescribed by or in consultation with a dermatologist (skin doctor) or rheumatologist (doctor of the musculoskeletal system)
- ☐ 1.4 Documented failure, intolerance, or contraindication to a high potency topical steroid
- ☐ 1.5 Documented failure, intolerance, or contraindication to calcipotriene topical OR tazarotene topical

Coverage Criteria for Atopic Dermatitis

- ☐ 2.1 Diagnosis of moderate to severe atopic dermatitis with body surface area (BSA) \leq 35%
- ☐ 2.2 Age 2 years or older
- ☐ 2.3 Prescribed by or in consultation with a dermatologist (skin doctor)
- ☐ 2.4 Documented failure, intolerance, or contraindication to a topical corticosteroid
- ☐ 2.5 Documented failure, intolerance, or contraindication to a topical calcineurin inhibitor (such as tacrolimus or pimecrolimus)