Pharmacy Drug Policy & Procedure

Policy Name:	Vtama (tapinarof) cream	Policy #:	3157P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Vtama (tapinarof) topical product.

Statement of the Policy

Health Alliance Medical Plans will approve the use of topical Vtama (tapinarof) under the pharmacy benefit, when the following criteria have been met:

Criteria

1. Coverage Criteria for Plaque Psoriasis

1.1 Diagnosis of plaque psoriasis with body surface area (BSA) ≤ 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

2. Coverage Criteria for Atopic Dermatitis

2.1 Diagnosis of moderate to severe atopic dermatitis with body surface area (BSA) ≤ 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)

3. Approval Period

3.1 Initial authorization: 12 months
3.2 Subsequent authorizations: 12 months with documented clinical improvement on therapy

4. Managed Dose Limit

4.1 60 grams (1 tube) per 30 days

CPT Codes

HCPCS Codes

References

1. Vtama (tapinarof) [prescribing information]. Long Beach, CA: Dermavant Sciences Inc; December 2024.
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3. Strober B, et al. One-year safety and efficacy of tapinarof cream for the treatment of plaque psoriasis:

results from the PSOARING 3 trial. J Am Acad Dermatol. 2022:S0190-9622(22)02219-8.
4. Nast A, et al. EuroGuiDerm Guideline on the systemic treatment of psoriasis vulgaris – Part 1: treatment and monitoring recommendations. J Eur Acad Dermatol Venereol. 2020;34(11):2461-2498.
5. Elmets CA, Korman NJ, Prater EF, 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. J Am Aca Derm. 2021 Feb 1; 84(2):432-470.
6. AAAAI/ACAAI JTF Atopic Dermatitis Guideline Panel; Chu DK, Schneider L, Asiniwasis RN, et al. Atopic dermatitis (eczema) guidelines: 2023 American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force on Practice Parameters GRADE- and Institute of Medicine-based recommendations. Ann Allergy Asthma Immunol. 2024 Mar;132(3):274-312.

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