

**POLICY NAME**

Zoryve (roflumilast)

**POLICY #**

## Criteria

### Coverage Criteria for Psoriasis (0.3% cream)

- ☐ 1.1 Diagnosis of plaque psoriasis with body surface area (BSA) less than or equal to 20%
- ☐ 1.2 Age 6 years or older
- ☐ 1.3 Prescribed by or in consultation with a dermatologist (skin doctor) or rheumatologist (musculoskeletal doctor)
- ☐ 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 Psoriasis (foam)

- ☐ 2.1 Diagnosis of plaque psoriasis of the scalp and body
- ☐ 2.2 Age 12 years or older
- ☐ 2.3 Prescribed by or in consultation with a dermatologist or rheumatologist
- ☐ 2.4 Documented failure, intolerance, or contraindication to a high potency topical steroid
- ☐ 2.5 Documented failure, intolerance, or contraindication to calcipotriene topical (such as tacrolimus or pimecrolimus) or tazarotene topical

### Coverage Criteria for Atopic Dermatitis (0.15% cream)

- ☐ **3.1** Diagnosis of mild to moderate atopic dermatitis
- ☐ **3.2** Age 6 years or older
- ☐ **3.3** Prescribed by or in consultation with a dermatologist (skin doctor)
- ☐ **3.4** Documented failure, intolerance, or contraindication to a topical corticosteroid
- ☐ **3.5** Documented failure, intolerance, or contraindication to a topical calcineurin inhibitor (such as tacrolimus or pimecrolimus)

### Coverage Criteria for Seborrheic Dermatitis (foam)

- ☐ **4.1** Documented diagnosis of seborrheic dermatitis present on face and/or scalp
- ☐ **4.2** Age 9 years or older
- ☐ **4.3** Prescribed by or in consultation with a dermatologist (skin doctor)
- ☐ **4.4** Documented failure, intolerance, or contraindication to a generic topical antifungal (such as ketoconazole)
- ☐ **4.5** Documented failure, intolerance, or contraindication to a generic topical anti-inflammatory (such as topical corticosteroids, topical calcineurin inhibitors)