Health Alliance™

Pharmacy Drug Policy Checklist

POLICY NAME	Zoryve (roflumilast)	POLICY #	3155P

Criteria

Coverage Criteria for Psoriasis (0.3% cream)

- ☐ Diagnosis of plaque psoriasis with body surface area (BSA) less than or equal to 20%
- ☐ Age 6 years or older
- ☐ Prescribed by or in consultation with a dermatologist (skin doctor) or rheumatologist (musculoskeletal doctor)
- ☐ Documented failure, intolerance, or contraindication to a high potency topical steroid
- ☐ Documented failure, intolerance, or contraindication to calcipotriene topical OR tazarotene topical

Coverage Criteria for Psoriasis (foam)

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

Coverage Criteria for Atopic Dermatitis (0.15% cream)

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

Coverage Criteria for Seborrheic Dermatitis (foam)

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