

POLICY NAME	Vtama (tapinarof) cream	POLICY #	3157P
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Criteria

Coverage Criteria for Plaque Psoriasis

- ☐ Diagnosis of plaque psoriasis with body surface area (BSA) \leq 20%
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a dermatologist (skin doctor) or rheumatologist (doctor of the musculoskeletal system)
- ☐ 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 Atopic Dermatitis

- ☐ Diagnosis of moderate to severe atopic dermatitis with body surface area (BSA) \leq 35%
- ☐ Age 2 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)