

Effective date: 12/1/2022
Last Reviewed: 9/2022, 6/2023, 3/2024
Scope: Medicaid

ZORYVE (roflumilast) cream and foam

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

Zoryve Cream

Zoryve cream is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 6 years of age and older.

Zoryve Foam

Zoryve foam, 0.3%, is indicated for the treatment of seborrheic dermatitis in adult and pediatric patients 9 years of age and older.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

A. Initial requests:

1. Chart notes or medical record documentation of affected area(s) and percentage of body surface area (BSA) affected (if applicable).
2. Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

B. Continuation requests:

1. Chart notes or medical record documentation of decreased body surface area (BSA) affected and/or improvement in signs and symptoms.

III. CRITERIA FOR INITIAL APPROVAL

A. **Plaque Psoriasis (PsO)**

Initial authorization of 12 months may be granted for members when the following criteria are met:

1. Member is 6 years of age or older, diagnosed with plaque psoriasis
2. BSA affected is between 2-20%. Documentation of BSA affected is provided.
3. Zoryve is prescribed by, or in consultation with, a specialist in dermatology or rheumatology.
4. Member experienced an inadequate treatment response to at least a 2-4 consecutive week trial within the last 12 months of a high or ultra-high potency topical corticosteroid (e.g., augmented betamethasone, clobetasol). Contraindications, adverse effects and/or intolerance must be documented.

5. Member experienced an inadequate treatment response or intolerance from two of the following therapies in combination with a topical corticosteroid within the last 12 months. Contraindications, adverse effects and/or intolerance must be documented.
 - a. Topical calcineurin inhibitors (e.g., tacrolimus ointment, pimecrolimus cream)
 - b. Topical vitamin D analogs (e.g., calcipotriene 0.005% ointment, cream, solution)
 - c. Topical retinoid (e.g., tazarotene cream 0.1%)
 - d. Phototherapy
 - e. Oral systemic non-biologic drugs (e.g., methotrexate or cyclosporine)
6. Zoryve will not be used concomitantly with Vtama (tapinoraf) cream, any biologic DMARD (e.g., adalimumab, infliximab) or any targeted synthetic DMARD (e.g., apremilast).

B. Seborrheic Dermatitis

Initial authorization of 12 months may be granted for members when the following criteria are met:

1. Member is 9 years of age or older, diagnosed with seborrheic dermatitis
2. Zoryve is prescribed by, or in consultation with, a specialist in dermatology.
3. Member meets one of the following:
 - a. For members 9-15 years of age, member experienced an inadequate treatment response or intolerance from two of the following therapies within the last 12 months. Contraindications, adverse effects and/or intolerance must be documented.
 - i. Topical ketoconazole (i.e., 2% shampoo, 2% cream)
 - ii. Topical corticosteroids (e.g., fluocinolone 0.01% solution, betamethasone valerate 0.1% cream, desonide 0.05% cream or ointment)
 - iii. Topical calcineurin inhibitors (e.g., tacrolimus ointment, pimecrolimus cream).
 - b. For members 16 years of age and older, member meets both of the following:
 - i. Member experienced an inadequate treatment response or intolerance from response to at least a 4 week trial within the last 12 months of topical ketoconazole (i.e., 2% shampoo, 2% cream). Contraindications, adverse effects and/or intolerance must be documented.
 - ii. Member experienced an inadequate treatment response or intolerance from two of the following therapies within the last 12 months. Contraindications, adverse effects and/or intolerance must be documented.
 - a. Ciclopirox 1% shampoo or 0.77% cream
 - b. Topical corticosteroids (e.g., fluocinolone 0.01% solution, betamethasone valerate 0.1% cream, desonide 0.05% cream or ointment)
 - c. Topical calcineurin inhibitors (e.g., tacrolimus ointment, pimecrolimus cream)
4. Zoryve will not be used concomitantly with Vtama (tapinoraf) cream, any biologic DMARD (e.g., adalimumab, infliximab) or any targeted synthetic DMARD (e.g., apremilast).

IV. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members who are using the requested medication for plaque psoriasis and seborrheic dermatitis when the following criteria are met:

1. Member achieves or maintains a positive clinical response as evidenced by improvement in signs and symptoms of the condition when any of the following is met:
 - a. Improvement in signs and symptoms from baseline (e.g., itching, redness, flaking, scaling, burning, cracking, pain)

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- b. Reduction in body surface area (BSA) affected from baseline
- 2. Zoryve will not be used concomitantly with Vtama (tapinoraf) cream, any biologic DMARD (e.g., adalimumab, infliximab) or any targeted synthetic DMARD (e.g., apremilast).

V. QUANTITY LIMIT

Zoryve cream and foam have a quantity limit of 60 grams per 30 days.

VI. REFERENCES

1. Zoryve Cream [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc.; October 2023.
2. Zoryve Foam [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc.; December 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/04/2024).
4. 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 Acad Dermatol.* 2021; 84(2):432-470.
5. Menter A, Cordoro K, Davis D, et al. Guidelines of Care for the Management and Treatment of Psoriasis in Pediatric Patients. *J Am Acad Dermatol.* 2020;82(1):161-201.
6. Dall'Oglio F, Nasca MR, Gerbino C, et al. An Overview of the Diagnosis and Management of Seborrheic Dermatitis. August 6, 2022. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9365318/>. Accessed March 4, 2024.
7. Desai S, McCormick E, Friedman A, An Up-to-Date Approach to the Management of Seborrheic Dermatitis. December 2023. 21 (12). Available at: <https://jddonline.com/articles/an-up-to-date-approach-to-the-management-of-seborrheic-dermatitis-S1545961622P1373X/>. Accessed March 4, 2024.
8. Clark GW, Pope SM, Jaboori KA. Diagnosis and Treatment of Seborrheic Dermatitis. *Am Fam Physician.* 2015;91(3):185-190. Available at: <https://www.aafp.org/pubs/afp/issues/2015/0201/p185.html>. Accessed: March 4, 2024.