

## tapinarof cream (VTAMA)

### Diagnosis Considered for Coverage:

- Plaque psoriasis

### Coverage Criteria:

#### For diagnosis of plaque psoriasis:

- Patient age is 18 years or older, and
- One of the following:
  - *For affected area(s) NOT involving the face and intertriginous areas:*
    - Inadequate response or intolerable side effect to ONE corticosteroid in the medium, high, or very high potency groups, AND ONE other topical agent [e.g. calcipotriene cream/ointment, calcitriol ointment, Tazorac, tacrolimus ointment (Protopic), pimecrolimus cream (Elidel)], or contraindication to the use of all topical agents for plaque psoriasis,
  - OR
  - *For affected area(s) involving the face and intertriginous areas:*
    - Inadequate response or intolerable side effect to ONE of the following: low topical corticosteroids, calcipotriene cream/ointment, calcitriol ointment, tazarotene (Tazorac), tacrolimus ointment (Protopic), pimecrolimus cream (Elidel), or contraindication to the use of all topical agents for plaque psoriasis.

### Coverage Duration: one year

Effective Date: 01/31/2024