

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 14, 2022 May 8, 2024, March 24, 2025

Vtama[®] (tapinarof)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

Plaque Psoriasis

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of plaque psoriasis.
- Patient has had an inadequate response, intolerance, or contraindication to daily application of all the following for at least 4-weeks. (*clinical documentation demonstrating prior treatment failures must be provided*):
 - Preferred topical corticosteroids;
 - Preferred topical calcineurin inhibitors (e.g., Elidel, pimecrolimus, tacrolimus);
 - Calcipotriene;

Atopic Dermatitis

- Patient must be ≥ 2 years of age.
- Patient must have a diagnosis of atopic dermatitis.
- Patient has had an inadequate response, intolerance, or contraindication to daily application of all the following for at least 4-weeks. (*clinical documentation demonstrating prior treatment failures must be provided*):
 - Preferred topical corticosteroids;
 - Preferred topical calcineurin inhibitors (e.g., Elidel, pimecrolimus, tacrolimus);
 - Eurcrisa

CONTINUATION OF THERAPY

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Patient has not experienced any treatment-restricting adverse effects.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as a 1% cream.