

Zoryve (roflumilast)
Effective 02/01/2023

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| Plan | <input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange | Program Type | <input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy |
| Benefit | <input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX) | | |
| Specialty Limitations | N/A | | |
| Contact Information | Specialty Medications | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | Non-Specialty Medications | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | Medical Specialty Medications (NLX) | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| Exceptions | N/A | | |

Overview

Zoryve is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with and is stable on Zoryve excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is \geq 12 years old
2. The member has a diagnosis of plaque psoriasis
3. The member meets ONE of the following:
 - a. The member has had inadequate treatment response, intolerance or has contraindication to a topical steroid
 - b. The medication will be used on sensitive skin area (e.g., face, genitals, or skin folds)

Continuation of Therapy

Reauthorization requires the member to meet all initial criteria and physician documentation of improvement of member's condition.

Limitations

1. Initial approvals and reauthorizations will be granted for 6 months.

2. The following quantity limits apply:

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| Zoryve 0.3% cream | 60gm per 30 days |
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References

1. Zoryve [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc.; July 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed August 12, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed August 12, 2022.
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. Eichenfield L, Tom W, Berger T, et al. Guidelines of care for the management of atopic dermatitis: Section 2. Management and treatment of atopic dermatitis with topical therapies. *J Am Acad Dermatol*. 2014;71:116-32.
7. U.S. Department of Health & Human Services. Burn Triage and Treatment – Thermal Injuries. Chemical Hazards Emergency Medical Management. August 16, 2021. Available at: <https://chemm.hhs.gov/burns.htm>. Accessed August 9, 2022.

Review History

01/11/2023 – Created and Reviewed at January P&T. Effective 02/01/23

