

Vtama (tapinarof) 1% Cream
Effective 01/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Vtama (tapinarof) 1% cream is an aryl hydrocarbon receptor agonist indicated for the topical treatment of plaque psoriasis in adults.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted when the following diagnosis-specific criteria is met:

1. The member is 18 years of age or older
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 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:

Drug Name	Quantity Limit
Vtama 1% cream	60 grams per 30 days

Appendix

Appendix: Relative potency of select topical corticosteroid products

Potency	Drug	Dosage form	Strength
Super-high potency	Augmented betamethasone dipropionate	Ointment, Lotion, Gel	0.05%

Potency	Drug	Dosage form	Strength
	Clobetasol propionate	Cream, Gel, Ointment, Solution, Cream (emollient), Lotion, Shampoo, Foam, Spray	0.05%
	Fluocinonide	Cream	0.1%
	Flurandrenolide	Tape	4 mcg/cm ²
	Halobetasol propionate	Cream, Lotion, Ointment, Foam	0.05%
High potency	Amcinonide	Ointment	0.1%
	Augmented betamethasone dipropionate	Cream	0.05%
	Betamethasone dipropionate	Ointment	0.05%
	Clobetasol propionate	Cream	0.025%
	Desoximetasone	Cream, Ointment, Spray	0.25%
		Gel	0.05%
	Diflorasone diacetate	Ointment, Cream (emollient)	0.05%
	Fluocinonide	Cream, Ointment, Gel, Solution	0.05%
	Halcinonide	Cream, Ointment	0.1%
Halobetasol propionate	Lotion	0.01%	
High potency	Amcinonide	Cream, Lotion	0.1%
	Betamethasone dipropionate	Cream, hydrophilic emollient	0.05%
	Betamethasone valerate	Ointment	0.1%
		Foam	0.12%
	Desoximetasone	Cream, Ointment	0.05%
	Diflorasone diacetate	Cream	0.05%
	Fluocinonide	Cream, aqueous emollient	0.05%
	Fluticasone propionate	Ointment	0.005%
	Mometasone furoate	Ointment	0.1%
	Triamcinolone acetonide	Cream, Ointment	0.5%
Medium potency	Betamethasone dipropionate	Spray	0.05%
	Clocortolone pivalate	Cream	0.1%
	Fluocinolone acetonide	Ointment	0.025%
	Flurandrenolide	Ointment	0.05%
	Hydrocortisone valerate	Ointment	0.2%
	Mometasone furoate	Cream, Lotion, Solution	0.1%
	Triamcinolone acetonide	Cream	0.1%
		Ointment	0.05% and 0.1%
Aerosol Spray		0.2 mg per 2-second spray	



References

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2. 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.
3. Griffiths CEM, Armstrong AW, Gudjonsson JE, Barker JNWN. Psoriasis. *Lancet*. 2021;397(10281):1301-1315.
4. Lebwohl MG, Stein Gold L, Strober B, et al. Phase 3 trials of tapinarof cream for plaque psoriasis. *NEngl JMed*. 2021;385(24):2219-2229.
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7. Strober B, Stein Gold L, Bissonnette R, et al. One-year safety and efficacy of tapinarof cream for the treatment of plaque psoriasis: Results from the PSOARING 3 trial. *J Am Acad Dermatol*. 2022:S0190-9622(22)02219-8. Epub ahead of print.
8. Vtama (tapinarof) [prescribing information]. Long Beach, CA: Dermavant Sciences Inc.; May 2022.

Review History

10/09/2024 – Created and reviewed at October P&T. Effective 01/01/2025.

