

roflumilast cream (ZORYVE)

Diagnosis Considered for Coverage:

- Plaque psoriasis

Coverage Criteria:

For diagnosis of plaque psoriasis:

- Patient age is 6 years or older, **and**
- One of the following:
 - **For affected area(s) NOT involving the face and skin folds (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, tazarotene (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 skin fold areas:**
 - Inadequate response or intolerable side effect to ONE of the following: topical corticosteroids, calcipotriene cream or 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

References:

1. Product Information: ZORYVE(TM) topical cream, roflumilast topical cream. Arcutis Biotherapeutics Inc (per FDA), Westlake, CA, 2022.
2. Elmets, Craig A. ; Korman, Neil J. ; Prater, Elizabeth Farley 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. In: Journal of the American Academy of Dermatology. 2021 ; Vol. 84, No. 2. pp. 432-470.

Effective 1/31/2024