

## ZORYVE (roflumilast) cream, foam

### Pre - PA Allowance

None

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### Prior-Approval Requirements

#### Cream

**Age** 6 years of age or older

#### **Diagnoses**

Patient must have **ONE** of the following:

1. Plaque psoriasis (PsO)
  - a. Inadequate treatment response, intolerance, or contraindication to **BOTH** of the following:
    - i. Topical corticosteroid
    - ii. Topical vitamin D analog (e.g., calcipotriene, calcitriol, etc.)
  - b. Documented baseline evaluation of the condition using the Physician's Global Assessment (PGA)  
(e.g., [https://www.jaad.org/article/S0190-9622\(15\)01740-5/fulltext#gr1](https://www.jaad.org/article/S0190-9622(15)01740-5/fulltext#gr1))
2. Mild to moderate atopic dermatitis (AD)
  - a. 18 years of age or older
    - i. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
      1. Topical calcineurin inhibitor (see Appendix 1)
      2. **ONE** topical corticosteroid (see Appendix 2)
        - a. **High** potency topical corticosteroid
        - b. Patients with lesions on face, neck, or skin folds  
**ONLY**: low to medium potency topical corticosteroid
  - b. 6 to 17 years of age
    - i. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
      1. Topical calcineurin inhibitor (see Appendix 1)
      2. A topical corticosteroid (see Appendix 2)
  - c. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:



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- i. Investigator's Static Global Assessment (ISGA) score  
(e.g., [https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale\\_vIGA-AD\\_2017.pdf](https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf))
  - ii. Eczema Area and Severity Index (EASI)  
(e.g., <https://dermnetnz.org/topics/easi-score/>)
  - iii. Patient-Oriented Eczema Measure (POEM)  
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
  - iv. Scoring Atopic Dermatitis (SCORAD) index  
(e.g., <https://dermnetnz.org/topics/scorad/>)
- d. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)
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## **Foam**

### **Diagnoses**

Patient must have **ONE** of the following:

- 1. Seborrheic dermatitis
  - a. 9 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to **TWO** of the following:
    - i. Topical antifungal
    - ii. Topical corticosteroid
    - iii. Topical calcineurin inhibitor (see Appendix 1)
  - c. Documented baseline evaluation of the condition using the Investigator Global Assessment of Disease (IGA)  
(e.g., [https://classic.clinicaltrials.gov/ProvidedDocs/28/NCT04973228/Prot\\_000.pdf#page=41](https://classic.clinicaltrials.gov/ProvidedDocs/28/NCT04973228/Prot_000.pdf#page=41))
- 2. Plaque psoriasis (PsO) of the scalp and body
  - a. 12 years of age or older
  - b. Inadequate treatment response, intolerance, or contraindication to **BOTH** of the following:
    - i. Topical corticosteroid
    - ii. Topical vitamin D analog (e.g., calcipotriene, calcitriol, etc.)
  - c. Documented baseline evaluation of the condition using the Physician's Global Assessment (PGA)  
(e.g., [https://www.jaad.org/article/S0190-9622\(15\)01740-5/fulltext#gr1](https://www.jaad.org/article/S0190-9622(15)01740-5/fulltext#gr1))

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### Prior - Approval Limits

#### Quantity

Dosage Form	Quantity
Cream	3 tubes per 90 days <b>OR</b>
Foam	3 cans per 90 days

**Duration** 12 months

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### Prior – Approval *Renewal* Requirements

#### Cream

**Age** 6 years of age or older

#### Diagnoses

Patient must have **ONE** of the following:

1. Plaque psoriasis (PsO)
    - a. Documented improvement using the Physician's Global Assessment (PGA)  
(e.g., [https://www.jaad.org/article/S0190-9622\(15\)01740-5/fulltext#gr1](https://www.jaad.org/article/S0190-9622(15)01740-5/fulltext#gr1))
  2. Atopic dermatitis (AD)
    - a. Documented improvement using **ONE** of the following scores:
      - i. ISGA – decrease from baseline by at least 2 points  
(e.g., [https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale\\_vIGA-AD\\_2017.pdf](https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf))
      - ii. EASI – decrease from baseline by at least 75%  
(e.g., <https://dermnetnz.org/topics/easi-score/>)
      - iii. POEM – decrease from baseline by at least 3 points  
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
      - iv. SCORAD – decrease from baseline by at least 50%  
(e.g., <https://dermnetnz.org/topics/scorad/>)
    - b. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)
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#### Foam

#### Diagnoses



**BlueCross  
BlueShield**

Federal Employee Program.

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Patient must have **ONE** of the following:

1. Seborrheic dermatitis
  - a. 9 years of age or older
  - b. Documented improvement using the Investigator Global Assessment of Disease (IGA)  
(e.g., [https://classic.clinicaltrials.gov/ProvidedDocs/28/NCT04973228/Prot\\_000.pdf#page=41](https://classic.clinicaltrials.gov/ProvidedDocs/28/NCT04973228/Prot_000.pdf#page=41))
2. Plaque psoriasis (PsO) of the scalp and body
  - a. 12 years of age or older
  - b. Documented improvement using the Physician's Global Assessment (PGA)  
(e.g., [https://www.jaad.org/article/S0190-9622\(15\)01740-5/fulltext#gr1](https://www.jaad.org/article/S0190-9622(15)01740-5/fulltext#gr1))

## **Prior - Approval *Renewal* Limits**

Same as above



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### Appendix 1

Relative Potency of Topical Calcineurin Inhibitors		
Drug	Dosage Form	Strength
<b>Medium Potency</b>		
Tacrolimus	Ointment	0.1%
<b>Low Potency</b>		
Tacrolimus	Ointment	0.03%
Pimecrolimus	Cream	1%

### Appendix 2

Relative Potency of Selected Topical Corticosteroids		
Drug	Dosage Form	Strength
<b>Very high Potency</b>		
Augmented betamethasone dipropionate	Ointment, Gel	0.05%
Clobetasol propionate	Cream, Ointment	0.05%
Diflorasone diacetate	Ointment	0.05%
Flurandrenolide	Tape	4 mcg/cm <sup>2</sup>
Halobetasol propionate	Cream, Ointment	0.05%
<b>High Potency</b>		
Amcinonide	Cream, Lotion,	0.1%
Augmented betamethasone dipropionate	Cream, Lotion	0.05%
Betamethasone dipropionate	Cream, Ointment	0.05%
Betamethasone valerate	Ointment	0.1%
Desoximetasone	Cream, Ointment	0.25%
	Gel	0.05%
Diflorasone diacetate	Cream, Ointment (emollient base)	0.05%
Fluocinonide	Cream, Ointment,	0.05%
Halcinonide	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment	0.5%
<b>Medium Potency</b>		
Betamethasone dipropionate	Lotion	0.05%
Betamethasone valerate	Cream	0.1%
Clocortolone pivalate	Cream	0.1%
Desoximetasone	Cream	0.05%
Fluocinolone acetonide	Cream, Ointment	0.025%
Flurandrenolide	Cream, Ointment,	0.05%
	Cream	0.05%



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Fluticasone propionate	Ointment	0.005%
Hydrocortisone butyrate	Ointment, Solution	0.1%
Hydrocortisone valerate	Cream, Ointment	0.2%
Mometasone furoate	Cream, Ointment,	0.1%
Prednicarbate	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment, Lotion	0.025% 0.1%
<b>Low Potency</b>		
Alclometasone dipropionate	Cream, Ointment	0.05%
Desonide	Cream	0.05%
Fluocinolone acetonide	Cream, Solution	0.01%
Hydrocortisone	Lotion	0.25%
	Cream, Ointment, Lotion,	0.5%
	Cream, Ointment, Lotion,	1%
	Cream, Ointment,	2.5%
Hydrocortisone acetate	Cream, Ointment	0.5%
	Cream, Ointment	1%

### Appendix 3 – List of Topical PA Medications for Atopic Dermatitis (AD)

Generic Name	Brand Name
crisaborole	Eucrisa
roflumilast	Zoryve cream
ruxolitinib	Opzelura
tapinarof	Vtama