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Section:	Prescription Drugs	**Effective Date:**	October 1, 2024
Subsection:	Topical Products	**Original Policy Date:**	June 24, 2022
Subject:	Vtama	**Page:**	1 of 3

Last Review Date: September 6, 2024

Vtama

Description

Vtama (tapinarof) cream

Background
Vtama (tapinarof) is an aryl hydrocarbon receptor (AhR) agonist. Vtama is used in patients with plaque psoriasis. The specific mechanism by which Vtama cream exerts its therapeutic action is unknown (1).

Regulatory Status
FDA-approved indication: Vtama cream is an aryl hydrocarbon receptor agonist indicated for the topical treatment of plaque psoriasis in adults (1).

The safety and effectiveness of Vtama cream in pediatric patients less than 18 years of age have not been established (1).

Related policies

Tazarotene, Zoryve

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Vtama may be considered **medically necessary** if the conditions indicated below are met.

Vtama may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

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.)

AND the following:

a. 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)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Plaque psoriasis (PsO)

AND the following:

a. Documented improvement using the Physician's Global Assessment (PGA)
(e.g., https://www.jaad.org/article/S0190-9622(15)01740-5/fulltext#gr1)

Policy Guidelines

Pre – PA Allowance

None

Prior - Approval Limits

Quantity 3 tubes per 90 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Vtama (tapinarof) is an aryl hydrocarbon receptor (AhR) agonist. Vtama is indicated for use in adult patients with plaque psoriasis (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Vtama while maintaining optimal therapeutic outcomes.

References

1. Vtama [package insert]. Long Beach, CA: Dermavant Sciences Inc.; May 2022.

Policy History

Date	Action
July 2022	Addition to PA
September 2022	Annual review
December 2022	Annual review
September 2023	Annual editorial review. Added “topical” to the t/f vitamin D analog requirement for clarity
June 2024	Annual review
September 2024	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.