

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1395-3
Program	Prior Authorization/Notification
Medication	Zoryve™ (roflumilast)
P&T Approval Date	9/2022, 9/2023, 11/2023
Effective Date	2/1/2024

1. Background:

Zoryve (roflumilast) cream is a phosphodiesterase 4 inhibitor indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 6 years of age and older.¹

2. Coverage Criteria^a:

A. Initial Authorization

1. **Zoryve** will be approved based upon the following criterion:

- a. Diagnosis of plaque psoriasis

Authorization will be issued for 6 months.

B. Reauthorization

1. **Zoryve** will be approved based upon the following criterion:

- a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Medical Necessity, and/or Step Therapy may be in place.

4. References:

1. Zoryve [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc.; October 2023.

Program	Prior Authorization/Notification – Zoryve™ (tapinarof)
Change Control	
9/2022	New program.
9/2023	Annual review with no change to clinical criteria.
11/2023	Updated background to include patients 6 years of age and older. Updated reference.