

Tapinarof (VTAMA) Cream in Plaque Psoriasis

Criteria for Use

June 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information. Also refer to the tapinarof monograph available at the [PBM INTRAnet](#).

Exclusion Criteria

If the following is selected, the patient will NOT meet criteria for tapinarof cream.

- Psoriasis other than the plaque variant

Inclusion Criteria

ALL of the following must be selected in order to meet criteria :

- Diagnosis of plaque psoriasis (any severity)
- Prescribed and monitored by a VA / VA Community Care dermatologist or locally designated psoriasis expert.
- Tried and had intolerance or inadequate response (after ≥ 1 month) to topical roflumilast unless medically inadvisable.

Additional Inclusion Criteria

ONE of the following must be selected to meet criteria:

- Tried and had intolerance or inadequate response to ≥ 2 other classes of topical antipsoriatics unless medically inadvisable (≥ 1 month / class; e.g., corticosteroids, vitamin D analogs, calcineurin inhibitors, etc.)
- Tried and had intolerance or inadequate response to 1 other class of topical antipsoriatic, and 1 systemic therapy (phototherapy,¹ conventional immunomodulator,² or targeted immunomodulator³) unless medically inadvisable, not available, or not feasible

Additional Inclusion Criteria

Select if appropriate.

- For patients who can become pregnant and patients with partners who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception.

Other Justification

Footnotes

- ¹ Phototherapy: NO treatment benefit after 12 treatments or inadequate partial response after 24 treatments. Reasons for phototherapy being medically inadvisable include (and are not limited to) CONFIRMED (preferably by a written biopsy report) history of skin cancer, melanoma or strong likelihood of developing them (e.g., Fitzpatrick skin type I or II = pale skin, easily sunburns).
- ² Conventional immunomodulator such as methotrexate
- ³ Systemic targeted immunomodulators such as tumor necrosis factor inhibitors, interleukin-17A inhibitors (e.g., ixekizumab), interleukin-23 inhibitors (e.g., risankizumab-rzaa), interleukin-12/23 inhibitor (e.g., ustekinumab), and phosphodiesterase-4 inhibitors (e.g., apremilast).

Supplemental Information

This supplemental information is provided to assist in adjudication of requests for tapinarof cream.

Section	Criterion	Issues for Consideration
Inclusion Criteria	Tried and had intolerance or inadequate response (after ≥ 1 month) to topical roflumilast unless medically inadvisable.	Roflumilast is preferred before tapinarof because of likely safety and potential cost advantages. Topical roflumilast is labeled to include use on intertriginous (skin fold) areas affected by plaque psoriasis and could be preferred over tapinarof for intertriginous lesions or intertriginous (aka inverse) plaque psoriasis.
	Tried and had intolerance or inadequate response to ≥ 2 other classes of topical antipsoriatics unless medically inadvisable (≥ 1 mo / class; e.g., corticosteroids, vitamin D analogs, calcineurin inhibitors, etc.)	A prior trial of topical corticosteroids is not necessary and may be medically inadvisable for lesions in sensitive areas such as the face and intertriginous (skin-to-skin) areas. Topical nonsteroidal treatments like tapinarof may be used alone (e.g., on sensitive areas) or co-used with corticosteroids to reduce or prevent corticosteroid complications. Therefore, use of topical nonsteroidal medications do not always require a prior trial of or an inadequate response to corticosteroids. Examples of topical therapies The following list is not all inclusive. Topical emollients and keratolytics do not count as topical antipsoriatics. <ul style="list-style-type: none"> • Vitamin D analogs: Calcipotriene, calcipotriol • Calcineurin inhibitors: Tacrolimus, pimecrolimus • Retinoids: Tazarotene • Coal tar • Phosphodiesterase-4 Inhibitor: Roflumilast
	Tried and had intolerance or inadequate response to 1 other class of topical antipsoriatic, and 1 systemic therapy (phototherapy,¹ conventional immunomodulator,² or targeted immunomodulator³) unless medically inadvisable, not available, or not feasible.	Reasons for phototherapy being medically inadvisable include (and are not limited to) CONFIRMED (preferably by a written biopsy report) history of skin cancer, melanoma or strong likelihood of developing them (e.g., Fitzpatrick skin type I or II = pale skin, easily sunburns).

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