

Tapinarof (VTAMA) Cream in Atopic Dermatitis

Criteria for Use

April 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

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.

Exclusion Criteria

None

Inclusion Criteria

All the following criteria must be selected to meet criteria.

- Diagnosis of atopic dermatitis
- Prescribed and monitored by a VA/VA Community Care dermatologist or locally designated expert
- A topical corticosteroid and a topical calcineurin inhibitor (e.g., tacrolimus ointment 0.1% or 0.03% or pimecrolimus cream 1%) are medically inadvisable, not tolerated, or not adequate after trials of ≥ 1 month per drug class

Additional Inclusion Criteria

ONE of the following must be selected to meet criteria.

- For mild to moderate atopic dermatitis: Topical crisaborole 2% ointment or roflumilast 0.15% cream is medically inadvisable, not tolerated, or not adequate after a trial of ≥ 1 month
- For moderate to severe atopic dermatitis: No prior topical agents required other than a corticosteroid and calcineurin inhibitor

Additional Inclusion Criteria – Select If Applicable

- For females who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception during therapy.

Other Justification

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Prepared: April 2025.

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