DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Dermatology – Vtama Drug Quantity Management Policy – Per Days
- Vtama® (tapinarof 1% cream – Dermavant)

REVIEW DATE: 06/04/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Vtama, an aryl hydrocarbon receptor agonist, is indicated for:[1]
- **Plaque psoriasis** as a topical treatment in adults.
- **Atopic dermatitis** as a topical treatment in patients ≥ 2 years of age.

Dosing

Apply a thin layer of Vtama to the affected area(s) once daily (QD).[1] In the pivotal studies of plaque psoriasis, enrolled patients had a body surface area involvement (BSA) of 3% to 20% (mean 8%). The pivotal studies in patients with atopic dermatitis involved patients with 5% to 44% (mean of approximately 17%) BSA involvement.

Availability

Vtama is available as a 1% cream, supplied in 60 g tubes.[1]

Application Information

For topical product application, a standard measure, the finger-tip unit (FTU), is often used.[2,3] One FTU is the amount of product that is squeezed out of a standard tube along an adult's fingertip. One FTU is equivalent to approximately 0.5 g and provides enough product to treat an area of skin that is twice the size of one adult hand, or approximately 2% of an adult's total body surface area (BSA). Therefore, it is assumed that 2 g of a topical agent would provide enough product for one application to approximately 8% of the patient's BSA. Based on the FTU method, the quantity limits of 60 g per 30 days are estimated to provide enough Vtama to cover approximately 8% of the patient's BSA when applying QD for 1 month (30 days).

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Vtama. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 days
Vtama® (tapinarof 1% cream)	60 gram tube	60 grams (1 tube)	180 grams (3 tubes)

Exceptions to the quantity limits listed above are covered as medically necessary when the following criteria are met. Any other exception is considered not medically necessary.

CRITERIA

1. If a patient needs to treat greater than 8% of their body surface area, approve the requested quantity, not to exceed 360 grams (6 tubes) per 30 days at retail and 1,080 grams (18 tubes) per 90 days at home delivery.

REFERENCES

1. Vtama® topical cream [prescribing information]. Long Beach, CA: Dermavant; December 2024.
2. Elmets CA, Korman NJ, Prater EF, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol* 2021;84(2):432-470.
3. Stacey SK, McEleney M. Topical corticosteroids: choice and application. *Am Fam Physician*. 2021;103(6):337-343.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	06/08/2023
Annual Revision	No criteria changes.	06/19/2024
Annual Revision	Vtama 1% cream: Override criteria were updated to approve the requested quantity, not to exceed 360 grams (6 tubes) per 30 days at retail and 1,080 grams (18 tubes) per 90 days at home delivery if a patient needs to treat greater than 8% of their body surface area. Previously, these criteria approved the requested quantity, not to exceed 180 grams (3 tubes) per 30 days at retail and 540 grams (18 tubes) per 90 days at home delivery.	06/04/2025

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