



PSORIASIS,  
PRIOR  
AUTHORIZATIONS  
AND  
**ZORYVE**  
**(ROFLUMILAST)**  
**CREAM 0.3%**

# Topical Therapy



"If there was ever a time or place to be diagnosed with psoriasis, **IT'S NOW.**"

This is a phrase I tell every patient I meet who is diagnosed with psoriasis.

**H**onestly, it's true. The advances in therapies have come a very long way, and it's not only the injectable/oral therapies that are evolving, but now topical therapies, such as ZORYVE, that are an option for some of our younger patients. ZORYVE is a topical treatment for plaque psoriasis, including intertriginous areas in patients 12 years old and older. With the burdens of burnout and turnover rates growing the last few years, coupled with increasing insurance denials across all drugs from coast to coast, I'm here to help by pursuing a ZORYVE approval for your patients to relieve some of the pressures faced by your office.

As medical professionals in dermatology, we have seen different levels of patients struggling with psoriasis. This creates a negative impact not only on a physical level,



but on a mental one as well. We must decide which therapy will be effective while keeping in mind location and possible side effects of therapy options. With the release of ZORYVE, there is a non-steroidal option that can be used even in sensitive intertriginous areas, avoiding the risk of atrophy. Additionally, it is an alternative for patients who may have a needle phobia, seen especially in our adolescent patients, those who have no at-home injection help or those who struggle with swallowing pills.

While the options for psoriasis treatment have grown and produced progressive therapies, such as ZORYVE, there has also been an increase in prior authorization denials in the medical landscape for all drugs. This has caused a burden for our offices, which can lead to burnout and turnover. Some offices are under the impression that an attempt at approval is futile.



# WHY PURSUE APPROVAL?

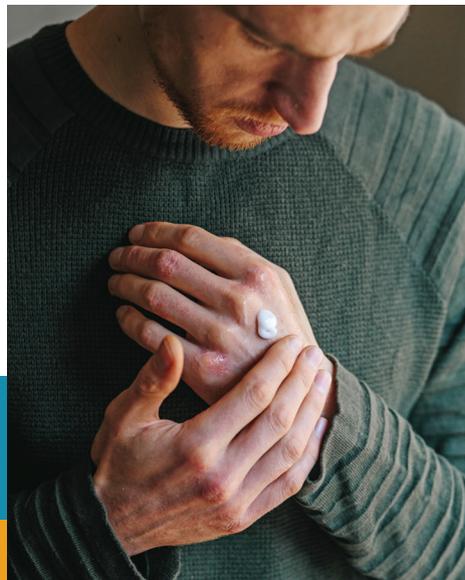
This seems to be the 2023 question of the year. There’s a two-part answer to this. First and foremost, let’s look at the medication, ZORYVE, and explain the benefits of the therapy for our patient to the insurance company. The average psoriasis patient struggles with intense burning, itching and plaques, not just to the exposed skin, but to areas we can’t see. ZORYVE is non-steroidal and has convenient dosing, only needing to be applied once daily, and is not associated with side effects of folliculitis or atrophy. ZORYVE does not contain potentially irritating ingredients such as isopropyl alcohol, propylene glycol, or ethanol, which are concerns we may

have when choosing a topical therapy for our patients. For patients who have several topical drug allergies, this gives them an option where there may not have been one before. I had a call from a patient with a high-gluten sensitivity, not just internally, but to topical items that contained gluten which made her breakout. I was extremely happy to deliver the news that ZORYVE does not have gluten in the ingredients, and we were able to start ZORYVE therapy for her. As healthcare professionals, we want to minimize making a patient who is already suffering from experiencing any more discomfort.

As a provider, you should also have the fundamental right to choose what you feel the appropriate therapy should be for each patient. If you don’t tend to write

for biologics or believe the patient “isn’t there yet,” for injectable/oral therapies for psoriasis, then ZORYVE provides you with an option and/or an intervention pre-biologic initiation. Furthermore, providers may choose to use ZORYVE complementary to a biologic therapy. Even with biologic/oral therapy, there can be breakthroughs and flares of psoriasis. I am a witness to this, living and working in Arizona, where there is pretty much 0% humidity all year. With numerous patients who do get flares, especially in the winter months and need adjunct therapy, I have successfully gotten ZORYVE approved for patients to use alongside their injectable or oral therapies for those breakthrough flares. Additionally, ZORYVE can be used for long-term management for our patients’ psoriasis, where we may have struggled to find a long-term topical therapy before.

The physical manifestation of psoriasis can cause great mental anguish. This leads me to the second part of “Why pursue ZORYVE approval?” Many psoriasis patients are embarrassed about their condition and omit locations such as sensitive skin folds. I have received calls from countless patients over my last almost



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15 years in dermatology who applied a topical steroid to an intertriginous area, because they did not want to tell the provider about flaring under the breasts or buttocks. Since we prescribed a steroid for the locations they did tell us about during the visit, they thought it would work the same, regardless of what area they were applying the topical steroid to, causing atrophy. This humiliation that kept them from telling their healthcare professional about a flare in the groin area also drives how they live on a daily basis, causing social discord and has led to the development of anxiety and depression.

This can cause psychosocial embarrassment—whether the patient is a 14-year-old in class who attends middle school or an adult who simply goes out to buy groceries. If you believe a therapy like ZORYVE could help improve a patient's psoriasis, in turn, reducing embarrassment in their life, it's worth fighting for treatment.

In my own practice, we also faced a high burnout rate that led to turnover and ultimately deterred people from doing prior authorizations (PAs) for topical medications, let alone an appeal. We felt as if many of the staff were too new and not educated on the prior authorization/appeal process... or we just simply didn't have the time and resources to pursue many drugs that were seen as similar. The decision was made from not having a strong topical therapy option. This changed with the release of ZORYVE. I sat with the providers and explained not only the benefits of ZORYVE, but I laid out the facts about the PA and appeal process itself.

Insurance companies have more procedures in place that make it hard to navigate coverage, which can disincentivize us from pursuing an appeal. The fact of the matter is, according to an AMA survey, "84% of physicians reported seeing an increase of PA requests within

the last five years."\* Ultimately, those who actually sought an appeal had "seen over 80% of those appeals were overturned as approved," according to a Kaiser analysis of their Medicare patients.

With this knowledge, let's review what an office can do to pursue a ZORYVE approval. First and foremost, ensure you are adding any tried and failed therapies into the note/supporting documentation. This may sound simple, but it is often the simplest tasks that are overlooked. This is one of the most common reasons for a coverage denial by the insurance company. In addition to missing tried and failed medications, we may forget to add the location of the psoriasis. With how fast-paced the visit can be, it is easy to counsel on a condition but forget to click on a body part in our EHR systems, thus leading to a denial.

Adding the clinical information is a great start, but please don't forget to include anything that speaks to how the condition

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affects the patient, not just physically, but mentally. My passion is fighting for medication approvals, such as ZORYVE. Over the years, one of the most important things I have learned through insurance prior authorizations is that a well-worded statement about how the condition affects a patient’s quality of life can also be a factor in a successful approval.

Psoriasis can cause mental harm when we are forced to go through step therapies, creating frustration in the patient since they are not seeing an improvement. This experience may inadvertently reflect on their view of the practice/provider. If there is a reason the provider feels the alternative therapy would be ineffective or has a concern about an adverse effect, also add this to your PA or Appeal.

Some of my own tips to get a ZORYVE approval (besides listing locations that are affected and what they have tried and failed) include why this medicine is preferred, along with the provider’s reasons about how it will improve the condition. For example, if a patient does have psoriasis in their intertriginous areas, I want to avoid topical steroids because of the risk of atrophy. If my patient has had problems with rashes before or they

have a large body surface area that would burn with most topical therapies, I explain we need ZORYVE approved since it is an effective treatment option and does not have alcohol, ethanol, or propylene glycol, which would cause irritation to the already open, burning plaques.

Not just compiled from literature, but from real-life experience, I continuously try to remember the impact psoriasis can have on patients and include this in the notes. For example, I’ve had patients explain they don’t feel like seeking intimacy or a partner because of the sensitive areas affected, such as the intertriginous areas. Alongside these experiences, I have seen some of the same patients who experienced atrophy and feel that “nothing can be done.”

Some of my patients cannot perform job responsibilities because their hands

are affected or they are broken out on an exposed area, causing embarrassment. Explain in a note how the condition affects the patient both professionally and personally, which can also be used in a PA or appeal.

When I am short on time to do prior authorizations and appeals for medications like ZORYVE, I enlist the help of specialty pharmacies. Working with an experienced specialty pharmacy can be helpful. I work with several that have a tremendous amount of knowledge on payer processes, so our office doesn’t have to navigate it on our own. Since they’re seeing these things multiple times a day, they can help you figure out a complicated process. I understand the strain on an office when we are short-staffed. Specialty pharmacies can assist with the PA or appeal processes for medications such as ZORYVE.

With advancements in therapies like ZORYVE, it is important to remember the benefits for patients and the justification of attempting to pursue an approval for it, even with the landscape of burnout and office turnover. Simply listing what a patient has failed helps; however, be sure to remember the greater cause and why we practice medicine. For these patients



who may not have had many options before, or who fear alternative therapies, ZORYVE may be the treatment that fits them best. We are also taking back the fundamental right to practice medication and prescribing from the hands of the insurance companies, since they may try to dictate therapies that are against our wishes for the patient. If we need assistance pursuing an appeal but don't want to take too much time from our own staff, specialty pharmacies are out there waiting to help with this.

Lastly, when we do get an approval for a medication like ZORYVE and the patient can adhere to the therapy and sees

### **IMPORTANT SAFETY INFORMATION**

The use of ZORYVE is contraindicated in patients with moderate to severe liver impairment (Child-Pugh B or C).

The most common adverse reactions ( $\geq 1\%$ ) include diarrhea (3%), headache (2%), insomnia (1%), nausea (1%), application site pain (1%), upper respiratory tract infection (1%), and urinary tract infection (1%).

Please see full prescribing information at [zoryvehcp.com](http://zoryvehcp.com).

improvement, we are not only improving their physical condition, but also improving their mental quality of life. Preventing embarrassing moments and empowering the patient is critical.

For example, a 16-year-old patient got the courage to try out and successfully made the varsity swim team only after getting clear skin with her ZORYVE prescription. I worked with a 28-year-old autism patient who struggled with alternative therapies, but he was able to switch to ZORYVE and now has the ability to control his disease. What we prescribe and how we pursue these medications can mean the world to our patients.

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### **REFERENCES**

\*<https://www.medicarights.org/medicare-watch/2023/02/09/prior-authorization-data-and-proposed-rule-reflect-need-for-stronger-medicare-advantage-rules>

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