# ZORYVE® Prescription Form

(roflumilast) 0.3%

cream / topical foam

ZORYVEdirect

Patient access support made easy

*This form can be used unless a different form is required by state law. Prescribers are responsible for determining what is required under applicable state law.*

## Prescriber Information

Prescriber Name:_____ NPI #:_____ DEA #:_____

Address:_____ City:_____ State:_____ Zip:_____

Prescriber Office Contact Name:_____ Prescriber Phone:_____ Prescriber Fax:_____

## Patient Information

Patient Name:_____ Date of Birth:_____ Sex: ☐ Male ☐ Female

Address:_____ City:_____ State:_____ Zip:_____

Cell Phone:_____ Email:_____ Preferred Contact: ☐ Text ☐ Phone ☐ Email

***Attach a copy of the front and back of the patient's prescription benefit card***

### ZORYVE Cream 0.3% Prescription Order

| Form/Strength | Quantity | Refills | Administration Notes | Potential Treatments for Plaque Psoriasis[1]* | Tried and Failed | Special Treatment Locations* | |
|---|---|---|---|---|---|---|---|
| ZORYVE cream 0.3% 60 gram | | | | Topical corticosteroids | | Face | |
| | | | | Topical vitamin D analogs | | Genitals | |
| | | | | Combination therapy | | Intertriginous areas | |
| | | | | Other_____ | | Other_____ | |

ICD-10:_____

### ZORYVE Foam, 0.3%, Prescription Order

| Form/Strength | Quantity | Refills | Administration Notes | Potential Treatments for Seborrheic Dermatitis[2]* | Tried and Failed | Special Treatment Locations* | |
|---|---|---|---|---|---|---|---|
| ZORYVE foam, 0.3%, 60 gram | | | | Topical corticosteroids | | Face | |
| | | | | Topical antifungals | | Genitals | |
| | | | | Topical calcineurin inhibitors | | Intertriginous areas | |
| | | | | Other_____ | | Other_____ | |

ICD-10:_____

*Always add relevant clinical information for your specific patient based on your own professional judgment.

## ZORYVE can be dispensed by any pharmacy:

**ZORYVE Direct Pharmacy**

☐ Carepoint www.carepoint.pharmacy

NCPDP: 1487330 Schaumburg, IL Phone: 855-237-9112 Fax: 855-237-9113

☐ Other preferred pharmacy

I certify that the above information is accurate.

Prescriber Signature:_____ Date:_____

Please complete per your state regulations.

Do Not Substitute/Dispense as Written:_____ Date:_____

**DEA**=Drug Enforcement Administration; **ICD-10**=International Classification of Diseases, Tenth Revision; **NCPDP**=National Council for Prescription Drug Programs; **NPI**=National Provider Identifier.

ARCUTIS® BIOTHERAPEUTICS

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## Checklist to facilitate patient access and minimize delays in starting treatment as prescribed:

- ☐ Confirm the prescription form is complete and has no missing information
- ☐ Include a copy of both sides of the patient insurance card(s)
- ☐ List possible ICD-10 code(s)
- ☐ Select medications that the patient has tried and failed, if applicable
- ☐ Note special treatment location(s), if any
- ☐ Remind the patient to respond to phone calls or text messages from the pharmacy

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## INDICATIONS

ZORYVE cream is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 6 years of age and older.

ZORYVE foam, 0.3%, is indicated for the treatment of seborrheic dermatitis in adult and pediatric patients 9 years of age and older.

## IMPORTANT SAFETY INFORMATION

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

**Flammability:** The propellants in ZORYVE foam are flammable. Avoid fire, flame, and smoking during and immediately following application.

The most common adverse reactions (≥1%) for ZORYVE cream include diarrhea (3.1%), headache (2.4%), insomnia (1.4%), nausea (1.2%), application site pain (1.0%), upper respiratory tract infection (1.0%), and urinary tract infection (1.0%).

The most common adverse reactions (≥1%) for ZORYVE foam include nasopharyngitis (1.5%), nausea (1.3%), and headache (1.1%).

**Please see full Prescribing Information for ZORYVE cream and full Prescribing Information for ZORYVE foam.**

**1.** Menter A, et al. *J Am Acad Dermatol*. 2009;60(4):643-659. **2.** Clark GW, et al. *Am Fam Physician*. 2015;91(3):185-190.


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