ZORYVE® (roflumilast)
cream 0.3% | 0.15% | 0.05%
topical foam 0.3%

Prescription form

Prescribers are responsible for complying with state law and using the form required under applicable state law.

Prescriber Information

Prescriber Name:_____ NPI #:_____

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

Prescription Order for **Plaque Psoriasis**			Prescription Order for **Atopic Dermatitis**			Prescription Order for **Seborrheic Dermatitis**		
Form/Strength:			**Form/Strength:**			**Form/Strength:**		
ZORYVE **cream 0.3%** 60 gram for **ages 6+** ☐			ZORYVE **cream 0.15%** 60 gram for **ages 6+** ☐			ZORYVE **foam 0.3%** 60 gram for **ages 9+** ☐		
ZORYVE **foam 0.3%** 60 gram for **ages 12+** ☐			ZORYVE **cream 0.05%** 60 gram for **ages 2 to 5 only** ☐					
Quantity:	**Refills:**		**Quantity:**	**Refills:**		**Quantity:**	**Refills:**	
Administration Notes:			**Administration Notes:**			**Administration Notes:**		
Possible ICD-10 Code(s)[1]:			**Possible ICD-10 Code(s)[1]:**			**Possible ICD-10 Code(s)[1]:**		
L40.0: Psoriasis vulgaris ☐			L20.0: Besnier's prurigo (atopic dermatitis) ☐			L21.8: Other seborrheic dermatitis ☐		
L40.8: Other psoriasis ☐			L20.8: Other atopic dermatitis ☐			L21.9: Seborrheic dermatitis, unspecified ☐		
L40.9: Psoriasis, unspecified ☐			L20.9: Atopic dermatitis, unspecified ☐					
Potential Treatments for Plaque Psoriasis[2]:	**Tried and Failed:**	**Trial Duration:**	**Potential Treatments for Atopic Dermatitis[3,4]:**	**Tried and Failed:**	**Trial Duration:**	**Potential Treatments for Seborrheic Dermatitis[5]:**	**Tried and Failed:**	**Trial Duration:**
Topical corticosteroids	☐	_____	Topical corticosteroids	☐	_____	Topical corticosteroids	☐	_____
Topical vitamin D analogs (eg, calcipotriene)	☐	_____	Topical calcineurin inhibitors	☐	_____	Topical antifungals (eg, ketoconazole)	☐	_____
Topical calcineurin inhibitors	☐	_____	Other:_____	☐	_____	Topical calcineurin inhibitors	☐	_____
Combination therapy	☐	_____				Other:_____	☐	_____
Other:_____	☐	_____						
Special Treatment Locations:								
☐ Face/eyelids ☐ Genitals ☐ Scalp ☐ Skin folds ☐ Other:_____								
BSA:			**IGA/PGA:**					
Request Type:								
☐ New therapy ☐ Continuing therapy Start date:_____ Duration:_____								

Include other supporting documentation that may be required by the patient's plan.

This information is provided for your background and not intended as comprehensive or directive. Payer requirements may vary or change over time. It is your responsibility to determine and submit the appropriate codes and supporting information for medically necessary treatment. This is not a substitute for a provider's independent professional judgment. This information is in no way a guarantee of reimbursement or coverage for any product or service.

I certify that the above information is accurate.

Prescriber Signature:_____ Date:_____

☐ This medication is prescribed by or in consultation with a dermatologist

BSA=body surface area; ICD-10=International Classification of Diseases, Tenth Revision; IGA=Investigator Global Assessment; NPI=National Provider Identifier; PGA=Physician Global Assessment.

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(roflumilast)
cream 0.3% | 0.15% | 0.05%
topical foam 0.3%

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Prescribers are responsible for complying with state law and using the form required under applicable state law.

ZORYVE can be dispensed by any pharmacy.

Find a pharmacy near you!

INDICATIONS

ZORYVE cream, 0.05%, is indicated for topical treatment of mild to moderate atopic dermatitis in pediatric patients 2 to 5 years of age.

ZORYVE cream, 0.15%, is indicated for topical treatment of mild to moderate atopic dermatitis in adult and pediatric patients 6 years of age and older.

ZORYVE cream, 0.3%, is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in adult and pediatric patients 6 years of age and older.

ZORYVE topical foam, 0.3%, is indicated for the treatment of plaque psoriasis of the scalp and body in adult and pediatric patients 12 years of age and older.

ZORYVE topical 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 reported (≥1%) for ZORYVE cream 0.05% for pediatric patients with atopic dermatitis 2 to 5 years of age were upper respiratory tract infection (4.1%), diarrhea (2.5%), vomiting (2.1%), rhinitis (1.6%), conjunctivitis (1.4%), and headache (1.1%).

The most common adverse reactions reported (≥1%) for ZORYVE cream 0.15% for patients with atopic dermatitis 6 years of age or older were headache (2.9%), nausea (1.9%), application site pain (1.5%), diarrhea (1.5%), and vomiting (1.5%).

The most common adverse reactions reported (≥1%) for ZORYVE cream 0.3% for plaque psoriasis were 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 reported (≥1%) for ZORYVE foam 0.3% for plaque psoriasis were headache (3.1%), diarrhea (2.5%), nausea (1.7%), and nasopharyngitis (1.3%).

The most common adverse reactions reported (≥1%) for ZORYVE foam 0.3% for seborrheic dermatitis were 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. CMS.gov. 2026 ICD-10-CM. Centers for Medicare & Medicaid Services. Updated July 10, 2025. Accessed July 17, 2025. https://www.cms.gov/medicare/coding-billing/icd-10-codes **2.** Elmets CA, et al. *J Am Acad Dermatol*. 2021;84(2):432-470. **3.** Davis DMR, et al. *J Am Acad Dermatol*. 2025 Sep;93(3):745.e1-745.e7. **4.** Boguniewicz M, et al. *Ann Allergy Asthma Immunol*. 2018;120(1):10-22.e2. **5.** Clark GW, et al. *Am Fam Physician*. 2015;91(3):185-190.

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