UnitedHealthcare Individual & Family ACA Marketplace Plans
Clinical Pharmacy Program Guidelines for Atopic Dermatitis

Program	Step Therapy
Medication	Eucrisa (crisaborole)
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	11/2022
Effective Date	2/2023

1. Background:

Eucrisa (crisaborole) is a phosphodiesterase inhibitor indicated for the topical treatment of mild to moderate atopic dermatitis in adult and pediatric patients 3 months of age and older.

The American Academy of Dermatology guidelines for the care and management of atopic dermatitis recommend topical corticosteroids for patients with atopic dermatitis who have failed to respond to standard nonpharmacologic therapy. They also recommend the use of topical calcineurin inhibitors (tacrolimus, pimecrolimus) in patients who have failed to respond to, or who are not candidates for topical corticosteroid treatment.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try alternative topical corticosteroids prior to receiving coverage for Eucrisa.

2. Coverage Criteria[a]:

A. <u>All Diagnoses</u>

1. Eucrisa will be approved based on **one** of the following criteria:

a. History of failure, contraindication, or intolerance to **<u>two</u>** of the following topical corticosteroids:
- mometasone furoate cream, ointment, or solution (generic Elocon)
- fluocinolone acetonide cream, ointment, or solution (generic Synalar)
- fluocinonide cream, gel, ointment, or solution (generic Lidex)

-OR-

b. **<u>Both</u>** of the following:

i Patient is currently on Eucrisa therapy

-AND-

ii Patient has **not** received a manufacturer supplied sample at no cost in the prescriber's office, or any form of assistance from the Pfizer sponsored Eucrisa 4 you™ program (e.g., sample card which can be redeemed at a pharmacy for a free supply of medication) as a means to establish as a current user of Eucrisa*

*****Patients requesting initial authorization who were established on therapy via the receipt of a manufacturer supplied sample at no cost in the prescriber's office or any form of assistance from the Pfizer sponsored Eucrisa 4 you™ program **shall be required** to meet initial authorization criteria as if patient were new to therapy.

Authorization will be issued for 12 months

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place

4. References:

1. Eucrisa [package insert]. Palo Alto, CA : Anacor Pharmaceuticals; . April 2020.
2. Eichenfield LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. J Am Acad Dermatol. 2014; 71(1):116-32.

Program	Step Therapy – Atopic Dermatitis
Change Control	
Date	Change
7/2017	New program.
7/2018	Annual review with no change to coverage criteria. Updated reference.
7/2019	Annual review with no change to coverage criteria.
10/2020	Renamed policy to Atopic Dermatitis, revised background, removed brand alternatives Elocon, Synalar, Lidex, Elidel and Protopic, and added generic formulations as step one alternatives respectively.
11/2020	Updated ST alternatives to align build file and set up for UHC Value & Balance Exchange for 1/2021 implementation.
1/2021	Renumbered to clarify continuation of therapy language.
2/2021	Removed topical calcineurin inhibitors as alternatives
8/2021	Annual review. Updated references.

9/2021	Review for 2022 implementation. Removed markets in scope and removed step therapy language in background. Updated brand/generic language to align with 2022 guidance.
11/2022	Annual review. Updated references.