Eucrisa (crisaborole)
Effective 10/01/2021

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit</th>
<th>Program Type</th>
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<tr>
<td>☐ MassHealth</td>
<td>☑ Pharmacy Benefit</td>
<td>☑ Prior Authorization</td>
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<tr>
<td>☑ Commercial/Exchange</td>
<td>☐ Medical Benefit (NLX)</td>
<td>☑ Quantity Limit</td>
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<td>☐ Step Therapy</td>
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Specialty Limitations N/A

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<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
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<tr>
<td>All Plans</td>
<td>MassHealth</td>
<td>All Plans</td>
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<tr>
<td>Phone: 866-814-5506</td>
<td>Phone: 877-433-7643</td>
<td>Phone: 844-345-2803</td>
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<tr>
<td>Fax: 866-249-6155</td>
<td>Fax: 866-255-7569</td>
<td>Fax: 844-851-0882</td>
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<tr>
<td>Commercial</td>
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<tr>
<td>Phone: 800-294-5979</td>
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<tr>
<td>Fax: 888-836-0730</td>
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<tr>
<td>Exchange</td>
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<tr>
<td>Phone: 855-582-2022</td>
<td>Phone: 855-582-2022</td>
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<tr>
<td>Fax: 855-245-2134</td>
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Contacts

Specialty Medications  All Plans Phone: 866-814-5506 Fax: 866-249-6155
Non-Specialty Medications  MassHealth Phone: 877-433-7643 Fax: 866-255-7569
Commercial Phone: 800-294-5979 Fax: 888-836-0730
Exchange Phone: 855-582-2022 Fax: 855-245-2134
Medical Specialty Medications (NLX)  All Plans Phone: 844-345-2803 Fax: 844-851-0882

Exceptions N/A

Overview
Crisaborole is a topical phosphodiesterease-4 (PDE-4) inhibitor indicated for treatment of mild to moderate atopic dermatitis in adults and pediatric patients at least 3 months of age.

Coverage Guidelines
Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Eucrisa excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. The member is diagnosed with mild to moderate atopic dermatitis
2. The member is at least 3 months old
3. The member meets ONE of the following:
   a. The member has experienced an inadequate response or intolerance to a medium or higher potency topical corticosteroid or a topical calcineurin inhibitor
   b. The member has a contraindication to both topical corticosteroids and topical calcineurin inhibitors

Continuation of Therapy
Reauthorization requires physician documentation of improvement of member’s condition.

Limitations
1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:
Eucrisa 60 gam per 30 days

References
1. Eucrisa Ointment 2% (crisaborole) [prescribing information]. New York, NY: Pfizer Labs; April 2020

Review History
07/21/2021- Reviewed at July P&T; Switched from CVS Standard criteria to AllWays Health Partners custom template. Effective 10/01/2021.

Disclaimer
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