

Eucrisa (crisaborole) ointment
Effective 04/30/20

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	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

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled a 30-day supply of at least one first-line medication or a second-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE*	SECOND-LINE
Generic topical corticosteroid (see appendix below) tacrolimus 0.1% ointment tacrolimus 0.03% ointment pimecrolimus 1% cream	Eucrisa 2% ointment

*First-line medications may require PA. Please check the Drug Look Up for coverage.

Limitations

1. Approvals will be granted for 36 months.

Appendix

TABLE 1: EXAMPLES OF TOPICAL CORTICOSTEROIDS FOR TREATMENT OF ATOPIC DERMATITIS ^{3,7,10}	
Medium Potency	betamethasone dipropionate lotion 0.05%
	betamethasone valerate cream/lotion 0.1%/foam 0.12%
	desonide lotion, ointment 0.05%
	desoximetasone cream 0.05%
	fluocinolone acetonide cream/ointment 0.025%
	fluticasone propionate cream/lotion 0.05%/ointment 0.005%
	hydrocortisone butyrate ointment/solution 0.1%
	hydrocortisone valerate cream/ointment 0.2%
	mometasone furoate cream/lotion/solution 0.1%
	prednicarbate cream/ointment 0.1%
	triamcinolone acetonide cream/ointment/lotion 0.1%
	triamcinolone acetonide cream/ointment/lotion 0.025%
	triamcinolone acetonide ointment 0.05%
High Potency	betamethasone dipropionate cream/ointment 0.05%
	betamethasone dipropionate augmented cream/lotion 0.05%
	betamethasone valerate ointment 0.1%
	desoximetasone cream/ointment/gel/ointment 0.05%
	fluocinonide cream/emulsified cream/ointment/gel/solution 0.05%
	mometasone furoate ointment 0.1%
	triamcinolone acetonide aerosol solution 0.147 mg/g
	triamcinolone acetonide cream/ointment 0.5%
Very High Potency	betamethasone dipropionate augmented ointment/gel 0.05%
	clobetasol propionate cream/ointment/foam/shampoo/gel/lotion/solution/spray 0.05%
	halobetasol propionate cream/ointment 0.05%

References

1. Eucrisa [package insert]. New York, NY: Pfizer Inc.; January 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed March 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed March 2019.
4. Eichenfield LF, Tom WL, 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;71:116-32.
5. Paller AS, Tom WL, et. al. Efficacy and safety of crisaborole ointment, a novel, nonsteroidal phosphodiesterase 4 (PDE4) inhibitor for the topical treatment of atopic dermatitis (AD) in children and adults. *J Am Acad Dermatol*. 2016 Jul 11; 75 (3) 494-503.e4.
6. Berke R, Singh A, et al. Atopic Dermatitis: An Overview. *American Family Physician*. July 2012; 86(1): 35-42.
7. Topical Corticosteroids. *Facts and Comparisons*. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; 2014. Accessed March 2019.



8. Pfizer receives FDA Approval for Eucrisa (crisaborole), a Novel Non-Steroidal Topical Ointment for Mild to Moderate Atopic Dermatitis (Eczema). Pfizer Press Release. December 14, 2016.
9. Dermatologic Therapies-Basic Dermatology Curriculum. American Academy of Dermatology. June 8, 2011.
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10. Jacob, S, Steele T. Corticosteroid Classes: A Quick Reference Guide Including Patch Test Substances and Cross-Reactivity. *J Am Acad Dermatol*. 2006; 54: 723-727.

Review History

04/15/20 – Created, converted from SGM to Custom criteria; change due to MH unified drug list to require previous use of topical steroid OR tacrolimus OR pimecrolimus. Change effective 4/30/20.

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