# Topical Immunomodulators
# Eucrisa (crisaborole)
# Effective 08/01/2022

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|---|---|---|---|
| **Plan** | ☐ MassHealth<br>☒ MassHealth (PUF)<br>☐Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☒ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ 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

| No PA | Drugs that require PA |
|---|---|
| Elidel® (pimecrolimus) § | Eucrisa® (crisaborole) [PD] |
| Protopic® # (tacrolimus topical) | |

[PD] Preferred Drug: A trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class. Please note, for Immune Suppressants – Topical agents, a trial with a preferred agent is not required prior to approval of a non-preferred agent.
§ Brand Preferred over generic equivalents: A trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.
# This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule or liquid) does not have an FDA "A"-rated generic equivalent.

## Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs

**OR**

Authorization may be granted if the member meets **ALL** following criteria and documentation has been submitted:

1. The member has a diagnosis of atopic dermatitis (eczema)
2. The member is ≥ 3 months of age

3. The member meets **ONE** of the following:
    a. Paid claims or physician documented of inadequate response or adverse reaction to **ONE** topical corticosteroid **OR** topical calcineurin inhibitor (e.g. pimecrolimus or tacrolimus)
    b. Contraindication to **BOTH** topical corticosteroids and topical calcineurin inhibitors
4. **ONE** of the following:
    a. Request is for 60 gram/month. If the request does not document quantity, may be approved for the 60 gram/month if member meets criteria.
    b. Medical necessity for exceeding the quantity limits (i.e. large surface area of lesion)

**Continuation of Therapy**
Reauthorizations by prescriber will infer a positive response to therapy.

## Limitations
1. Initial approvals will be granted for up to 3 months.
2. Reauthorizations will be granted for 12 months.
3. The following quantity limits apply:

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| Eucrisa | 60 grams per 30 days |

**Brand preferred over generic equivalent**
In addition to any prior authorization requirements, generic medications listed below require a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.
- Pimecrolimus

## References

1. Eucrisa Ointment 2% (crisaborole) [prescribing information]. New York, NY: Pfizer Labs; April 2020.
2. Protopic (tacrolimus) [prescribing information]. Madison, NJ: LEO Pharma Inc.; February 2019.
3. Elidel (pimecrolimus) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; December 2017.


## Review History
10/01/2020 – Updated MH partial unified formulary; retired ST criteria and switched to PA; added Eucrisa PA criteria, added QL, Effective 1/1/2021
11/17/2021 – Updated and reviewed for Nov P&T; matched MH UPPL for 1/1/2022. No clinical changes.
06/22/2022 - Reviewed and updated for June P&T; matched MH UPPL. Guideline updated to remove Protopic from the brand preferred over generic list. Effective 08/01/2022.

## Disclaimer
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