

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Eucrisa (crisaborole)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Eucrisa (crisaborole) 2% ointment	May be subject to quantity limit.

APPROVAL CRITERIA

Requests for Eucrisa (crisaborole) may be approved when the following criteria are met:

- I. Individual is 3 months of age or older; **AND**
- II. Individual has a diagnosis of mild to moderate atopic dermatitis; **AND**
- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one topical corticosteroid unless use is not acceptable due to the following concomitant clinical conditions (AAD 2014):
 - A. Individual has atopic dermatitis recalcitrant to topical corticosteroids; **OR**
 - B. Individual has atopic dermatitis lesions in sensitive areas (such as face, anogenital area or skin folds); **OR**
 - C. Individual has steroid-induced atrophy; **OR**
 - D. Individual has history of long-term or uninterrupted topical steroid use.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 17, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. Eichenfield L. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. Journal of the American Academy of Dermatology. 2014-01;71:116.
6. Neurodermatitis. American Academy of Dermatology. Available from: <https://www.aad.org/public/diseases/eczema/neurodermatitis#overview>. Accessed June 14, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.