Mass General Brigham
Health Plan

Eucrisa (crisaberole)
Opzelura (ruxolitinib)
Effective 03/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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
Crisaborole is a topical phosphodieterease-4 (PDE-4) inhibitor indicated for treatment of mild to moderate atopic dermatitis in adults and pediatric patients at least 3 months of age.

Opzelura is indicated for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.

Coverage Guidelines
Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication 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:

Eucrisa
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

Opzelura

1. The drug is being used for topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis
2. Physician attestation that atopic dermatitis is limited to no more than 20% body surface area (BSA)
3. The member is 12 years of age or older
4. The member meets ONE of the following:
    a. The member is using medication on a sensitive skin area (e.g., face, genitals, or skin folds) AND has inadequate response, intolerance, or contraindication to a topical calcineurin inhibitor (e.g., tacrolimus or pimecrolimus)
    b. The member has inadequate response, intolerance, or contraindication to a topical calcineurin inhibitor (e.g., tacrolimus or pimecrolimus) AND a medium or high potency topical corticosteroid (see Appendix A)
5. The member has inadequate response, intolerance, or contraindication to Eucrisa (crisaberole)

Continuation of Therapy

Reauthorizations requires physician documentation of continuation of therapy and maintained positive response to therapy as evidenced by improvement [e.g., improvement in or resolution of any of the following signs and symptoms: erythema (redness), exudation (oozing and crusting), excoriation (evidence of scratching), induration (hardening)/papulation (formation of papules), lichenification (epidermal thickening), or pruritis (itching)].

Limitations

1. For Eucrisa: Initial approvals and reauthorizations will be granted for 12 months.
2. For Ozelura:
    a. Initial approvals will be granted for 3 months
    b. Reauthorizations will be granted for 12 months
    c. For all indications: Member has a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB).
        i. Note: Members who have received Opzelura or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy.
3. The following quantity limits apply:

Eucrisa	60 gam per 30 days

Appendix

Appendix A: Topical Corticosteroid Reference (not all inclusive)

Very High Potency	**Dosage Form**	**Strength**
augmented betamethasone dipropionate (Diprolene)	Ointment	0.05%
clobetasol propionate (Temovate, Olux)	Cream, Gel, Ointment, Sol, Foam	0.05%
diflorasone diacetate (Psorcon)	Ointment	0.05%
High Potency	**Dosage Form**	**Strength**
amcinonide	Cream, Lotion, Ointment	0.1%
augmented betamethasone dipropionate (Diprolene AF)	Cream	0.05%
Betamethasone dipropionate	Cream, Ointment	0.05%
Betamethasone valerate	Ointment	0.1%
Desoximetasone (Topicort)	Cream, Ointment	0.25%
Desoximetasone (Topicort)	Cream, Gel	0.05%

diflorasone diacetate (Psorcon)	Cream	0.05%
Fluocinonide	Cream, Gel, Ointment, Solution	0.05%
Fluocinonide emollient base	Cream	0.05%
Triamcinolone acetonide (Kenalog)	Cream, Ointment	0.5%
Medium Potency	**Dosage Form**	**Strength**
Betamethasone dipropionate (Diprosone)	Lotion	0.05%
Betamethasone valerate	Cream, Lotion	0.1%
Desoximetasone (Topicort LP)	Cream	0.05%
Fluocinolone acetonide (Synalar)	Cream, Ointment	0.025%
Hydrocortisone valerate	Cream, Ointment	0.2%
Mometasone furoate (Elocon)	Ointment	0.1%
Triamcinolone acetonide (Kenalog)	Cream, Lotion, Ointment	0.025%
Triamcinolone acetonide (Kenalog)	Cream, Lotion, Ointment	0.1%

References

1. Eucrisa Ointment 2% (crisaborole) [prescribing information]. New York, NY: Pfizer Labs; April 2020
2. Paller AS, Tom WL, Lebwohl MG 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; 75(3):494-503.e4
3. Misery L, Belloni Fortina A, El Hachem M, et al. A position paper on the management of itch and pain in atopic dermatitis from the International Society of Atopic Dermatitis (ISAD)/Oriented Patient-Education Network in Dermatology (OPENED) task force. J Eur Acad Dermatol Venereol 2021; 35:787
4. Sigurgeirsson B, Boznanski A, Todd G, et al. Safety and efficacy of pimecrolimus in atopic dermatitis: a 5-year randomized trial. Pediatrics 2015; 135:597.
5. Eichenfield LF, Call RS, Forsha DW, et al. Long-term safety of crisaborole ointment 2% in children and adults with mild to moderate atopic dermatitis. J Am Acad Dermatol 2017; 77:641.
6. Svensson A, Chambers C, Gånemo A, Mitchell SA. A systematic review of tacrolimus ointment compared with corticosteroids in the treatment of atopic dermatitis. Curr Med Res Opin 2011; 27:1395
7. Li AW, Yin ES, Antaya RJ. Topical Corticosteroid Phobia in Atopic Dermatitis: A Systematic Review. JAMA Dermatol 2017; 153:1036
8. Choi JY, Dawe R, Ibbotson S, et al. Quantitative analysis of topical treatments in atopic dermatitis: unexpectedly low use of emollients and strong correlation of topical corticosteroid use both with depression and concurrent asthma. Br J Dermatol 2020; 182:1017
9. Opzelura [package insert]. Wilmington, DE: Incyte Corporation; September 2021.
10. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; September 30, 2021.
11. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. September 30, 2021.
12. Eichenfield LF, Tom WL, et. al. Guidelines of care for the management of atopic dermatitis: Section 1. Diagnosis and assessment of atopic dermatitis. *J Am Acad Dermatol* 2014; 70:338-51.
13. 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.
14. Papp K, Szepietowski JC, Kircik L, et. al. Efficacy and safety of ruxolitinib cream for the treatment of atopic dermatitis: Results from 2 phase 3, randomized, double-blind studies. *J Am Acad Dermatol* 2021;85:863-72.
15. Dermatologic Therapies-Basic Dermatology Curriculum. American Academy of Dermatology. June 8, 2011.

.

Review History
07/21/2021- Reviewed at July P&T; Switched from CVS Standard criteria to custom template.
01/19/2022 – Reviewed and updated for Jan P&T; added new drug Opzelura to criteria. Reauthorization criteria was clarified to include examples of positive response to therapy (improvement in erythema, exudation, excoriation, induration/papulation, lichenification, or pruritis). Effective 03/01/2022.