Cibinqo® (abrocitinib)
Effective 11/01/2022

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
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
Cibinqo® (abrocitinib) is a Janus kinase (JAK) inhibitor indicated for the treatment of adults with refractory, moderate-to-severe atopic dermatitis (AD) whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan 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 for members when all the following criteria are met, and documentation is provided:

Atopic Dermatitis
Prescriber must provide documentation of **ALL** of the following:
1. Appropriate diagnosis
2. Prescriber is a specialist (i.e., allergist/immunologist or dermatologist) or consult notes from a specialist are provided
3. Member is ≥18 years of age
4. Paid claims or physician documentation of inadequate response or adverse reaction to **ONE** superpotent or potent topical corticosteroid, or contraindication to **ALL** superpotent or potent topical corticosteroids*
5. Paid claims or physician documentation of inadequate response or adverse reaction to topical tacrolimus or Eucrisa® (crisaborole), or contraindication to both topical tacrolimus and Eucrisa® (crisaborole)

6. Physician documentation of inadequate response, adverse reaction or contraindication to Dupixent® (dupilumab)
7. Appropriate dosing
8. Quantity requested is ≤ 1 tablet/day
9. If the request is for the 200 mg tablet, paid claims or physician documentation of member having had an inadequate response (defined as at least 12 weeks of therapy) to the 100-mg dose

**Notes:*

- *Trials with topical corticosteroids may be bypassed if the request clearly states that the treatment area is a sensitive area (facial/groin) or the affected area is too widespread*
- *If member has tried systemic immunomodulatory therapy and trial with a superpotent or potent topical corticosteroid has not been documented, the trial may be bypassed*

Continuation of Therapy

Reauthorizations by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.
3. The following quantity limits apply:

Cibinqo® (abrocitinib)	30 tablets per 30 days

References

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3. Weston WL, Howe W. Atopic dermatitis (eczema): Pathogenesis, clinical manifestations and diagnosis. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2022 [cited 2022 Mar 22]. Available from: http://www.utdol.com/utd/index.do
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5. Eichenfield LF, Tom WL, Berger TG, Krol A, Paller AS, Schwarzenberger K, 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 Jul;71(1):116-32.
6. Sidbury R, Davis DM, Cohen DE, Cordoro KM, Berger TG, Bergman JN, et al; American Academy of Dermatology. Guidelines of care for the management of atopic dermatitis: section 3. Management and treatment with phototherapy and systemic agents. J Am Acad Dermatol. 2014 Aug;71(2):327-49.
7. Simpson EL, Sinclair R, Forman S, Wollenberg A, Aschoff R, Cork M, et al. Efficacy and safety of abrocitinib in adults and adolescents with moderate-to-severe atopic dermatitis (JADE MONO-1): a multicentre, double-blind, randomised, placebo-controlled, phase 3 trial. Lancet. 2020 Jul 25;396(10246):255-266.

8. Silverberg JI, Simpson EL, Thyssen JP, Gooderham M, Chan G, Feeney C, wt al. Efficacy and Safety of Abrocitinib in Patients With Moderate-to-Severe Atopic Dermatitis: A Randomized Clinical Trial. JAMA Dermatol. 2020 Aug 1;156(8):863-873.
9. Bieber T, Simpson EL, Silverberg JI, Thaçi D, Paul C, Pink AE, et al. Abrocitinib versus Placebo or Dupilumab for Atopic Dermatitis. N Engl J Med. 2021 Mar 25;384(12):1101-1112.
10. Micromedex® Healthcare Series [database on the Internet]. Greenwood Village (CO): Thomson Healthcare; Updated periodically [cited 2022 Mar 29]. Available from: http://www.thomsonhc.com/.
11. Pfizer. Study of Abrocitinib Compared With Dupilumab in Adults With Moderate to Severe Atopic Dermatitis on Background Topical Therapy. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2020- [2022 Mar 29]. Available from: https://clinicaltrials.gov/ct2/show/NCT04345367: NCT04345367
12. Pfizer. Study to Evaluate Efficacy and Safety of PF-04965842 With or Without Topical Medications in Subjects Aged 12 Years and Older With Moderate to Severe Atopic Dermatitis (JADE EXTEND). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2018- [2022 Mar 29]. Available from: https://clinicaltrials.gov/ct2/show/NCT03422822: NCT03422822
13. Eichenfield LF, Flohr C, Sidbury R, Siegfried E, Szalai Z, Galus R, et al. Efficacy and Safety of Abrocitinib in Combination With Topical Therapy in Adolescents With Moderate-to-Severe Atopic Dermatitis: The JADE TEEN Randomized Clinical Trial. JAMA Dermatol. 2021 Oct 1;157(10):1165-1173.
14. Johns Hopkins University, Duke University, Pfizer. Efficacy of Abrocitinib for Reducing Pruritus in Adults With Prurigo Nodularis and Chronic Pruritus of Unknown Origin. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2021- [2022 Mar 29]. Available from: https://clinicaltrials.gov/ct2/show/NCT05038982: NCT05038982

Review History

09/21/2022 – Reviewed and Created for September P&T. Matched MH criteria. Effective 11/1/22

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