

Atopic Dermatitis Agents – Topical Phosphodiesterase 4 (PDE4) Inhibitors

WA.PHAR.43 Atopic Dermatitis Agents Topical Phosphodiesterase 4 (PDE4) Inhibitors

Related medical policies:

- Atopic Dermatitis Agents – Topical Immunosuppressive
- Atopic Dermatitis Agents – Monoclonal Antibodies

Background:

Atopic dermatitis (AD) is a chronic, non-contagious, inflammatory disease of the skin resulting from a combination of genetic and environmental factors. Often referred to as “eczema,” it is characterized by extremely dry, itchy skin on the insides of the elbows, behind the knees, and on the face, hands, and feet.

Medical necessity

Drug	Medical Necessity
crisaborole (Eucrisa™)	Eucrisa™ may be considered medically necessary when: Used for the treatment of atopic dermatitis (eczema) in patients 2 years of age and older

Clinical policy:

Drug	Clinical Criteria (Initial Approval)
crisaborole (Eucrisa™)	Eucrisa™ may be covered when ALL of the following are met: <ol style="list-style-type: none"> 1. Diagnosis of atopic dermatitis (eczema) 2. History of failure (unable to achieve or maintain remission of low or mild disease), intolerance, contraindication or clinically inappropriate to daily use of BOTH of the following: <ol style="list-style-type: none"> a. Two topical corticosteroids for daily treatment of minimum 14-days each <ol style="list-style-type: none"> i. <u>Children and adolescents</u>: Failure of 2 medium potency corticosteroids in the previous 6 months, unless member has contraindication(s) to all PDL topical corticosteroid ii. <u>Adults</u>: Failure of 2 high or very high potency corticosteroids in the previous 6 months, unless member has contraindication(s) to all PDL topical corticosteroids b. Topical calcineurin inhibitors (e.g. pimecrolimus, tacrolimus) for at least 28-days

	<p>3. Greater than or equal to (\geq) 2 years of age</p> <p>4. NONE of the following:</p> <ul style="list-style-type: none"> a. Used more than twice daily b. Less than ($<$) 2 years of age <p>Approve for 3 months</p> <p>Criteria (Reauthorization)</p> <p>Documentation of positive clinical response</p> <p>Approve for 6 months</p>
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Dosage and quantity limits

Drug Name	Dose and Quantity Limits
crisaborole (Eucrisa™)	#1 (60g) tube per 30-day

References

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