

**CIBINQO  
(abrocitinib)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 12 years of age or older

**Diagnosis**

Patient must have the following:

1. Moderate-to-severe atopic dermatitis (eczema)

**AND ALL** of the following:

1. Inadequate treatment response, intolerance, or contraindication to at least **TWO** systemic atopic dermatitis medications, including biologics (e.g., oral corticosteroids, hydroxyzine, Adbry, Dupixent, Rinvoq, etc.)
2. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that Cibinqo therapy is appropriate
3. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB

**AND NONE** of the following:

1. Antiplatelet therapy (excluding low-dose aspirin  $\leq 81$  mg daily) during the first 3 months of treatment
2. Active bacterial, invasive fungal, viral, and other opportunistic infections
3. Severe hepatic impairment (Child Pugh C)
4. A lymphocyte count less than 500 cells/mm<sup>3</sup>
5. An absolute neutrophil count less than 1000 cells/mm<sup>3</sup>
6. A hemoglobin less than 8 g/dL
7. History of thrombotic events including deep vein thrombosis (DVT) or pulmonary embolism (PE)
8. Used in combination with another non-topical Prior Authorization (PA) medication for atopic dermatitis (see Appendix 1)
9. Given concurrently with live vaccines

**CIBINQO  
(abrocitinib)**

## **Prior - Approval Limits**

**Quantity** 90 tablets per 90 days

**Duration** 4 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 12 years of age or older

### **Diagnosis**

Patient must have the following:

1. Atopic dermatitis (eczema)

**AND ALL** of the following:

1. Condition has improved or stabilized
2. Prescriber has considered the risks for malignancy and major adverse cardiovascular events (MACE) (e.g., advanced age, smoking history, cardiovascular risk factors etc.) and determined that continuation of Cibinqo therapy is appropriate

**AND NONE** of the following:

1. Active bacterial, invasive fungal, viral, and other opportunistic infections
2. Used in combination with another non-topical Prior Authorization (PA) medication for atopic dermatitis (see Appendix 1)
3. Development of thrombotic events (including DVTs or PEs)
4. Given concurrently with live vaccines

## **Prior - Approval *Renewal* Limits**

**Quantity** 90 tablets per 90 days

**Duration** 12 months



**BlueCross  
BlueShield**

Federal Employee Program.

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**Appendix 1 - List of Non-Topical PA Medications for Atopic Dermatitis**

<b>Generic Name</b>	<b>Brand Name</b>
abrocitinib	Cibinqo
dupilumab	Dupixent
tralokinumab-ldrm	Adbry
upadactinib	Rinvoq