

Pre - PA Allowance

None

Prior-Approval Requirements

Age 3 months of age or older

Diagnosis

Patient must have the following:

1. Mild to moderate atopic dermatitis (eczema)
 - a. 18 years of age or older
 - i. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
 - 1) Topical calcineurin inhibitor (see Appendix I)
 - 2) **ONE** topical corticosteroid (see Appendix II)
 - a. **High** potency topical corticosteroid
 - b. Patients with lesions on face, neck, or skin folds
ONLY: low to medium potency topical corticosteroid
 - b. 2 to 17 years of age
 - i. Inadequate treatment response, intolerance, or contraindication to **ONE** medication in **EACH** of the following categories:
 - 1) Topical calcineurin inhibitor (see Appendix I)
 - 2) A topical corticosteroid (see Appendix II)
 - c. 3 months to less than 2 years of age
 - i. Inadequate treatment response, intolerance, or contraindication to a topical corticosteroid (see Appendix II)

AND ALL of the following:

- a. Documented baseline evaluation of the condition using **ONE** of the following scoring tools:
 - i. Investigator's Static Global Assessment (ISGA) score
(e.g., https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf)
 - ii. Eczema Area and Severity Index (EASI)
(e.g., <https://dermnetnz.org/topics/easi-score/>)

- iii. Patient-Oriented Eczema Measure (POEM)
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
- iv. Scoring Atopic Dermatitis (SCORAD) index
(e.g., <https://dermnetnz.org/topics/scorad/>)
- b. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)

Prior - Approval Limits

Quantity 60g 4 tubes **OR**
 100g 4 tubes

Duration 4 months

Prior – Approval *Renewal* Requirements

Age 3 months of age or older

Diagnosis

Patient must have the following:

- 1. Atopic dermatitis (eczema)
 - a. Documented improvement using **ONE** of the following scores:
 - i. ISGA – decrease from baseline by at least 2 points
(e.g., https://www.eczemacouncil.org/assets/docs/Validated-Investigator-Global-Assessment-Scale_vIGA-AD_2017.pdf)
 - ii. EASI – decrease from baseline by at least 75%
(e.g., <https://dermnetnz.org/topics/easi-score/>)
 - iii. POEM – decrease from baseline by at least 3 points
(e.g., <https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)
 - iv. SCORAD – decrease from baseline by at least 50%
(e.g., <https://dermnetnz.org/topics/scorad/>)
 - b. **NO** dual therapy with another Topical Prior Authorization (PA) medication for AD (see Appendix 3)

Prior – Approval *Renewal* Limits

Quantity 60g 3 tubes per 90 days **OR**
 100g 3 tubes per 90 days

Duration 12 months

Appendix 1

Relative Potency of Topical Calcineurin Inhibitors		
Drug	Dosage Form	Strength
Medium Potency		
Tacrolimus	Ointment	0.1%
Low Potency		
Tacrolimus	Ointment	0.03%
Pimecrolimus	Cream	1%

Appendix 2

Relative Potency of Selected Topical Corticosteroids		
Drug	Dosage Form	Strength
Very high Potency		
Augmented betamethasone dipropionate	Ointment, Gel	0.05%
Clobetasol propionate	Cream, Ointment	0.05%
Diflorasone diacetate	Ointment	0.05%
Flurandrenolide	Tape	4 mcg/cm ²
Halobetasol propionate	Cream, Ointment	0.05%
High Potency		
Amcinonide	Cream, Lotion,	0.1%
Augmented betamethasone dipropionate	Cream, Lotion	0.05%
Betamethasone dipropionate	Cream, Ointment	0.05%
Betamethasone valerate	Ointment	0.1%
Desoximetasone	Cream, Ointment	0.25%
	Gel	0.05%
Diflorasone diacetate	Cream, Ointment	0.05%
	(emollient base)	
Fluocinonide	Cream, Ointment,	0.05%
Halcinonide	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment	0.5%
Medium Potency		
Betamethasone dipropionate	Lotion	0.05%
Betamethasone valerate	Cream	0.1%
Clocortolone pivalate	Cream	0.1%
Desoximetasone	Cream	0.05%
Fluocinolone acetonide	Cream, Ointment	0.025%
Flurandrenolide	Cream, Ointment,	0.05%
Fluticasone propionate	Cream	0.05%
	Ointment	0.005%

**EUCRISA
(crisaborole)**

Hydrocortisone butyrate	Ointment, Solution	0.1%
Hydrocortisone valerate	Cream, Ointment	0.2%
Mometasone furoate	Cream, Ointment,	0.1%
Prednicarbate	Cream, Ointment	0.1%
Triamcinolone acetonide	Cream, Ointment, Lotion	0.025% 0.1%
Low Potency		
Alclometasone dipropionate	Cream, Ointment	0.05%
Desonide	Cream	0.05%
Fluocinolone acetonide	Cream, Solution	0.01%
Hydrocortisone	Lotion	0.25%
	Cream, Ointment, Lotion,	0.5%
	Cream, Ointment, Lotion,	1%
	Cream, Ointment,	2.5%
Hydrocortisone acetate	Cream, Ointment	0.5%
	Cream, Ointment	1%

Appendix 3 – List of Topical PA Medications for Atopic Dermatitis (AD)

Generic Name	Brand Name
crisaborole	Eucrisa
roflumilast	Zoryve cream
ruxolitinib	Opzelura
tapinarof	Vtama