



Manual Prior Authorization

PRIOR AUTHORIZATION CRITERIA:

Eucrisa (crisaborole) is indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

ICD-10 code(s): _____

INITIAL AUTHORIZATION: (will be issued for up to 12 weeks)

Eucrisa will be approved based on **ALL** of the following criteria:

Yes No Diagnosis of mild to moderate chronic atopic dermatitis (eczema)

AND

Yes No Age of patient is within age range recommended by FDA label

AND

Yes No History of failure (1 claim in last 365 days for a minimum of 4 weeks) on **one** of the following:

Elidel (pimecrolimus) topical cream

or

tacrolimus (generic Protopic) topical ointment

or

Contraindication or intolerance of Elidel and tacrolimus

AND

Yes No For areas other than the face, axillae, anogenital/groin, a history of failure (defined as 1 claim in the past 365 days for a minimum of 2 weeks) to at least one MEDIUM- to HIGH-potency topical corticosteroid

or

Yes No For sensitive areas (e.g., face, axillae, anogenital/groin) a history of failure (defined as 1 claim in the past 365 days for a minimum of 2 weeks) to at least one claim of ANY topical corticosteroid

or

Yes No Contraindication or intolerance to topical steroid

AND

Yes No Exacerbating factors that could contribute to the patient's atopic dermatitis have been evaluated and addressed (e.g., non-compliance with therapy, environmental triggers, allergy patch testing, etc.)

AND

Yes No Documented baseline evaluation and score of the condition using ONE of the following scoring instruments:

Patient-Oriented Eczema Measure (POEM); SCORE: _____
(<https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)

OR

Scoring Atopic Dermatitis (SCORAD) index; SCORE: _____

- <https://www.fondation-dermatite-atopique.org/en/healthcare-professionals-space/scorad> or
- [https://www.thecalculator.co/health/SCORing-Atopic-Dermatitis-\(SCORAD\)-Calculator-1122.html](https://www.thecalculator.co/health/SCORing-Atopic-Dermatitis-(SCORAD)-Calculator-1122.html)

REAUTHORIZATION: (will be issued for up to 52 weeks)

Patient must have the following:

Yes No Atopic dermatitis (eczema)

Yes No Positive clinical response to Eucrisa therapy (e.g., reduction in body surface area involvement, reduction in pruritus severity, etc.) as demonstrated by using ONE of the following scoring instruments:

Patient-Oriented Eczema Measure (POEM);-decrease from baseline by at least 3 points; **SCORE: _____**
<https://jamanetwork.com/data/Journals/DERM/11776/dea40003f1.png>)

OR

Scoring Atopic Dermatitis (SCORAD) index;-decrease from baseline by at least 50%; **SCORE: _____**

- <https://www.fondation-dermatite-atopique.org/en/healthcare-professionals-space/scorad> or
- [https://www.thecalculator.co/health/SCORing-Atopic-Dermatitis-\(SCORAD\)-Calculator-1122.html](https://www.thecalculator.co/health/SCORing-Atopic-Dermatitis-(SCORAD)-Calculator-1122.html)

Quantity Limit: Eucrisa 2% (60 gm or 100 gm tube) 1 tube per 30 days

Hypersensitivity reactions, including contact urticarial, have occurred. Severe pruritus, swelling, or erythema (at the application site or distant site) may be indicative of hypersensitivity.