ALASKA MEDICAID
Prior Authorization Criteria

Eucrisa™ ointment 2%
(crisaborole)

FDA INDICATIONS AND USAGE[1]

EUCRISA is indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

APPROVAL CRITERIA[1,2]

1. Patient is 2 years of age or older **AND;**
2. Patient has a diagnosis of mild to moderate atopic dermatitis **AND;**
3. Patient has a trialed at least one medium to high potency corticosteroid for at least 2 weeks or has a contraindication to corticosteroid use **AND;**
4. Patient has trialed at least one topical calcineurin inhibiter (i.e. tacrolimus, pimecrolimus) for at least 4 weeks or has a contraindication to calcineurin inhibitor use

DENIAL CRITERIA

1. Patient < 2years of age **OR**;
2. Patient does not have atopic dermatitis diagnosis **OR**;
3. Patient has not had an adequate trial of corticosteroid and calcineurin inhibitor **OR**;
4. Patient has a known hypersensitivity, contraindication, or intolerance to crisaborole or its inert ingredients

CAUTIONS[1]

- Hypersensitivity reactions including contact urticaria have occurred.

DURATION OF APPROVAL

- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months with reported improvement

QUANTITY LIMIT

- 1 - 60 gram tube per month

REFERENCES / FOOTNOTES:

1. Eucrisa™ (crisaborole) [package insert]. Palo Alto, CA. Anacor Pharmaceuticals; November 2017. Available at: http://labeling.pfizer.com/ShowLabeling.aspx?id=5331 Accessed August 2, 2018
2. Eichenfield L. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. Journal of the American Academy of Dermatology. 2014-01;71:116.