

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Crisaborole 2% Ointment (Eucrisa)

#### Notes:

- Quantity Limits: No
- \*Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- \*\*Topical calcineurin inhibitors include tacrolimus (Protopic) 0.03% and 0.1% ointment and pimecrolimus (Elidel) 1% cream. Tacrolimus is the formulary preferred topical calcineurin inhibitor.
  - FDA approved ages:
    - Tacrolimus 0.03% and pimecrolimus 1%: 2 years of age and older. Evidence from clinical trials supports the safe and effective use (off-label) of these products in children younger than 2, including in infants.
    - Tacrolimus 0.1%: 16 years of age and older.
- ^ Adequate trial is defined as the following:
  - Topical corticosteroids – 2 weeks
  - Topical calcineurin inhibitors – 6 weeks

#### **Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

Non-formulary **crisaborole 2% ointment (Eucrisa)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of atopic dermatitis
- Patient has failed an adequate trial<sup>^</sup> or patient has an allergy or intolerance\* of the following:
  - At least two topical corticosteroids
  - At least one topical calcineurin inhibitor\*\*