Pharmacy Policy Bulletin

Title: Atopic Dermatitis
Policy #: Rx.01.194

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:
The intent of this policy is to communicate the medical necessity criteria for crisaborole (Eucrisa®) and dupilumab (Dupixent®) as provided under the member’s prescription drug benefit.

Description:
Atopic dermatitis (eczema) is a chronic, relapsing inflammatory skin disease characterized by redness, lesions, and intense pruritus. The cause of atopic dermatitis is a combination of genetics and environmental factors, such as allergies and irritants. Atopic dermatitis is prevalent worldwide and occurs most frequently in children, but also affects many adults. The onset of atopic dermatitis is most common between 3 to 6 months of age. Approximately 60% of patients develop atopic dermatitis within their first year of life and 90% by 5 years of age. More than 80% of children with atopic dermatitis have persistent symptoms into their adult years. More severe pruritus correlates to greater disease severity. Atopic dermatitis associated with persistent pruritus could lead to sleep deprivation, symptoms of depression, anxiety, poor quality of life, and financial burden. Additionally, patients with atopic dermatitis are at increased risk for cutaneous bacterial, viral, and fungal infections due to persistent itching and scratching.

American Academy of Dermatology Association current treatment guidelines:

- Non-pharmacologic treatments
  - Topical moisturizers
  - Wet-wrap therapy
  - Bathing practices
- Pharmacologic treatments
  - 1ST line: Topical corticosteroids
    - Introduced after failure of lesions to respond to good skin care and regular use of emollients alone
Treatment is individualized due to multiple formulations, dosage forms, and potencies.
Choice of potency is based on patient’s age, body area involved, and degree of inflammation:
- Acute flares: short course of medium-high potency topical corticosteroid, followed by a quick taper in potency
- Long-term management: lowest-potency initially, followed by an upward titration if failed

2nd line: Topical calcineurin inhibitors
- Pimecrolimus cream: mild-moderate atopic dermatitis
- Tacrolimus ointment: moderate-severe atopic dermatitis
Clinical situations in which a topical calcineurin is preferred:
- Sensitive areas (face, neck, skin folds, anogenital)
- Recalcitrance to steroids
- Steroid-induced atrophy
- Long-term uninterrupted topical steroid use

Crisaborole (Eucrisa®) is a phosphodiesterase-4 (PDE-4) inhibitor. PDE-4 is a major regulator of inflammatory cytokine production in atopic dermatitis, degrading cyclic adenosine monophosphate (cAMP). The inhibition of PDE-4 reduces the release of pro-inflammatory cytokines and increases intracellular cAMP levels.

Crisaborole (Eucrisa®) is indicated for topical treatment mild to moderate atopic dermatitis in patients ≥ 2 years of age.

Dupilumab (Dupixent®) is a fully human monoclonal antibody that inhibits interleukin-4 receptor (IL-4R) and interleukin-13 receptor (IL-13R) signaling. IL-4 and IL-13 play a role in the pathogenesis of atopic dermatitis. Dupilumab reduces the release of pro-inflammatory cytokines.

Dupilumab (Dupixent®) is indicated in adults for the treatment of moderate to severe atopic dermatitis not adequately controlled with topical prescription therapy or when those therapies are inadvisable.

**Policy:**

Crisaborole (Eucrisa®) is approved when ALL of the following are provided:
1. Diagnosis of mild to moderate atopic dermatitis; and
2. Member is 2 years of age or older; and
3. Inadequate response to non-pharmacological interventions (i.e. use of moisturizers); and
4. Inadequate response or inability to tolerate ONE of the following:
   a. Generic tacrolimus; or
   b. Generic, prescription, medium potency or higher topical steroid

Dupilumab (Dupixent®) is approved when ALL of the following are met:
1. Member is 18 years of age or older; and
2. Diagnosis of moderate-severe atopic dermatitis; and
3. Prescribed by a dermatologist, allergist, or immunologist; and
4. Inadequate response or inability to tolerate BOTH of the following:
   a. Topical steroids, medium potency or higher; and
   b. Topical tacrolimus
Black Box Warning:
N/A

Guidelines:
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Applicable Drugs:
Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tr>
<td>Eucrisa®</td>
<td>crisaborole</td>
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<td>Dupixent®</td>
<td>dupilumab</td>
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<td><strong>P&amp;T Approval Date:</strong></td>
<td>January 11, 2018</td>
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<td><strong>Policy Effective Date:</strong></td>
<td>April 1, 2018</td>
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<td><strong>Next Required Review Date:</strong></td>
<td>January 11, 2019</td>
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