

Pharmacy Benefit Determination Policy

Policy Subject: Atopic Dermatitis Agents	Dates:
Policy Number: SHS PBD18	Effective Date: October 25, 2017
Category:	Revision Date: July 30, 2018
Policy Type: <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Pharmacy	Approval Date: August 22, 2018
Department: Pharmacy	Next Review Date: August 2018
Product (check all that apply):	Clinical Approval By:
<input checked="" type="checkbox"/> Group HMO/POS	Medical Directors
<input checked="" type="checkbox"/> Individual HMO/POS	PHP: Peter Graham, MD
<input checked="" type="checkbox"/> PPO	Pharmacy and Therapeutics Committee
<input checked="" type="checkbox"/> ASO	PHP: Peter Graham, MD

Policy Statement:

Physicians Health Plan, PHP Insurance & Service Company, and Sparrow PHP will cover Dupixent and Eucrisa through the Medical or Pharmacy Benefit based on approval by the Clinical Pharmacist or Medical Director using the following determination guidelines

Drugs and Applicable Coding:

J-code:

Clinical Determination Guidelines:

Document the following with chart notes

A. Eucrisa topical (crisaborole)

1. Age: \geq 2yrs
2. Diagnosis & severity: Mild to mod. atopic dermatitis
3. Other therapies: Failed or had significant adverse effects to 2 from category a & 1 from b
 - a. Topical mid-strength to super-potent corticosteroid (1 mon):
 - Contraindication: Involving the face, neck or intertriginous areas
 - b. Topical calcineurin Inhibitor (2 mons): Tacrolimus, pimecrolimus
4. Dosage regimen:
 - a. Eucrisa topical (crisaborole): Apply a thin film to affected area(s) 2x/day
5. Approval:
 - a. Initial: 6 mons.
 - b. Re-approval: 1 yr. (\downarrow BSA affects and/or \downarrow pruritic severity)

Pharmacy Benefit Determination Policy

- B. Dupixent (dupilumab injection)
1. Age: ≥ 18 yrs.
 2. Prescriber: Dermatologist or allergist
 3. Diagnosis & severity: Mod-severe atopic dermatitis not controlled w topical prescription therapies or if the therapies are not advisable. (all below)
 - a. Exacerbating factors that could contribute to the members atopic have been evaluated and addressed (e.g. non-compliance, environmental triggers, allergy patch testing etc)
 - b. BSA: $\geq 10\%$
 - c. Severity:
 - Documentation of current pruritus & other symptoms severity (e.g.: erythema, edema, xerosis, erosions. excoriations, oozing/crusting &/or lichenification)
 - Interfering w routine daily activities (eg. skin infections, sleep disturbances).
 4. Other therapies: Failed or had significant adverse effects
 - a. Topical: 2 from steroids & 1 from calcineurin inhibitor below:
 - Mid-strength to super-potent corticosteroid (1 mon.): Contraindication - Involving the face, neck or intertriginous areas
 - Topical calcineurin Inhibitor (2 mons): Tacrolimus, pimecrolimus
 - b. Systemic (1 below):
 - Cyclosporine, azathioprine, methotrexate or mycophenolate
 5. Dosage regimen:
 - a. Dupixent SC (dupilumab): 600mg load, then 300mg q 2 wks.
 6. Approval
 - a. Initial: 6 mons.
 - b. Re-approval: 1 yr. (\downarrow BSA% affected, \downarrow pruritus/symptom severity &/or improve ability to perform routine daily activities)
 7. Exclusions: Use in conjunction w other biologicals (Xolair, Remicade, Enbrel, Nucala etc.)

Pharmacy Benefit Determination Policy

Appendix I: Patient Safety and Monitoring

Drug	Adverse Reactions	Monitoring	REMS
Eucrisa crisaborole topical	<ul style="list-style-type: none"> • Dem: Application site pain (4%) • Preg.: Adverse effects not shown in animal studies 	<ul style="list-style-type: none"> • Hypersensitivity rx S & Sx 	None needed
Dupixent dupilumab injection	<ul style="list-style-type: none"> • Derm: Inj. site rx (10%) • Ophth: Conjunctivitis (10%) • Preg.: monoclonal antibodies known to cross the placenta 	<ul style="list-style-type: none"> • Hypersensitivity rx S & Sx • Ophth: ocular adverse effects 	None needed

Appendix II – Topical Steroid Potency Chart

Brand name	Generic name
CLASS 1—Superpotent	
Clobex Lotion/Spray/Shampoo, 0.05%	Clobetasol propionate
Cordran Tape, 0.05%	Flurandrenolide
Cormax Cream/Solution, 0.05%	Clobetasol propionate
Diprolene Ointment, 0.05%	Betamethasone dipropionate
Olux E Foam, 0.05%	Clobetasol propionate
Olux Foam, 0.05%	Clobetasol propionate
Psorcon Ointment, 0.05%	Diflorasone diacetate
Psorcon E Ointment, 0.05%	Diflorasone diacetate
Temovate Cream/Ointment/Solution, 0.05%	Clobetasol propionate
Topicort Topical Spray, 0.25%	Desoximetasone
Ultravate Cream/Ointment, 0.05%	Halobetasol propionate
Ultravate Lotion, 0.05%	Halobetasol propionate
Vanos Cream, 0.1%	Fluocinonide
CLASS 2—Potent	
Diprolene Cream AF, 0.05%	Betamethasone dipropionate
Elocon Ointment, 0.1%	Mometasone furoate
Florone Ointment, 0.05%	Diflorasone diacetate
Halog Ointment/Cream, 0.1%	Halcinonide
Lidex Cream/Gel/Ointment, 0.05%	Fluocinonide
Psorcon Cream, 0.05%	Diflorasone diacetate
Topicort Cream/Ointment, 0.25%	Desoximetasone
Topicort Gel, 0.05%	Desoximetasone
CLASS 3—Upper Mid-Strength	
Cutivate Ointment, 0.005%	Fluticasone propionate
Lidex-E Cream, 0.05%	Fluocinonide
Luxiq Foam, 0.12%	Betamethasone valerate

Pharmacy Benefit Determination Policy

CLASS 4—Mid-Strength	
Cordran Ointment, 0.05%	Flurandrenolide
Elocon Cream, 0.1%	Mometasone furoate
Kenalog Cream/Spray, 0.1%	Triamcinolone acetonide
Synalar Ointment, 0.03%	Fluocinolone acetonide
Topicort LP Cream, 0.05%	Desoximetasone
Topicort LP Ointment, 0.05%	Desoximetasone
Westcort Ointment, 0.2%	Hydrocortisone valerate
CLASS 5—Lower Mid-Strength	
Capex Shampoo, 0.01%	Fluocinolone acetonide
Cordran Cream/Lotion/Tape, 0.05%	Flurandrenolide
Cutivate Cream/Lotion, 0.05%	Fluticasone propionate
DermAtop Cream, 0.1%	Prednicarbate
DesOwen Lotion, 0.05%	Desonide
Locoid Cream/Lotion/Ointment/Solution, 0.1%	Hydrocortisone
Pandel Cream, 0.1%	Hydrocortisone
Synalar Cream, 0.03%/0.01%	Fluocinolone acetonide
Westcort Cream, 0.2%	Hydrocortisone valerate
CLASS 6—Mild	
Acloivate Cream/Ointment, 0.05%	Alclometasone dipropionate
Derma-Smoothe/FS Oil, 0.01%	Fluocinolone acetonide
Desonate Gel, 0.05%	Desonide
Synalar Cream/Solution, 0.01%	Fluocinolone acetonide
Verdeso Foam, 0.05%	Desonide
CLASS 7—Least Potent	
Cetacort Lotion, 0.5%/1%	Hydrocortisone
Cortaid Cream/Spray/Ointment	Hydrocortisone
Hytone Cream/Lotion, 1%/2.5%	Hydrocortisone
Micort-HC Cream, 2%/2.5%	Hydrocortisone
Nutracort Lotion, 1%/2.5%	Hydrocortisone
Synacort Cream, 1%/2.5%	Hydrocortisone

References and Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc; Dupixent accessed July 2018
2. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Eucrisa accessed July 2018
3. Evolving Concepts in Atopic Dermatitis. Curr Allergy Asthma Rep. 2017;17;42.
4. <https://www.psoriasis.org/about-psoriasis/treatments/topicals/steroids/potency-chart> accessed October 2017

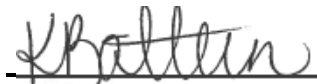
Pharmacy Benefit Determination Policy

Approved By: M.D.

8/22/18

Peter Graham, MD – PHP Executive Medical Director

Date



8/22/18

Kurt Batteen - Human Resources

Date