DRUG DETERMINATION POLICY

Title: DDP-22 Atopic Dermatitis Agents

Effective Date: 09/05/2019

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Dupixent and Eucrisa are specialty drugs indicated for a number of diagnoses and are associated with some adverse effects. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of adverse effects, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. Eucrisa topical (crisaborole).

1. Age: at least two years.

2. Diagnosis and severity: mild to moderate atopic dermatitis.

3. Other therapies: contraindicated, failed or had significant adverse effects to two therapies from topical steroids and one from calcineurin inhibitors.

a. Topical mid-strength to super-potent corticosteroid (one month): contraindicated if the area affected is the face, neck and/or intertriginous areas.

b. Topical calcineurin Inhibitor (two months): tacrolimus, pimecrolimus.

4. Dosage regimen:

a. Eucrisa topical (crisaborole): apply a thin film to affected area(s) two times daily.

5. Approval:

a. Initial: six months.

b. Re-approval: one year (reduced % BSA affected and/or reduced pruritic severity).

B. Dupixent SC (dupilumab injection).

1. Age: at least 12 years.

2. Prescriber: dermatologist or allergist.

3. Diagnosis and severity: moderate to severe atopic dermatitis not controlled with topical prescription therapies or if the therapies are not advisable (all below):

a. Exacerbating factors that could contribute to the member's atopic dermatitis have been evaluated and addressed (e.g., non-compliance, environmental triggers, allergy patch testing etc.).

b. BSA: at least 10%.

c. Severity (both below):

- Documentation of current pruritus and other symptoms severity (e.g., erythema, edema, xerosis, erosions. excoriations, oozing/crusting and/or lichenification).

- Interfering with routine daily activities (e.g., skin infections, sleep disturbances).

4. Other therapies: contraindicated, failed or had significant adverse effects.

a. Topical: two from steroids and one from calcineurin inhibitor below.

i. Mid-strength to super-potent corticosteroid (one month): contraindicated if the area affected is the face, neck and/or intertriginous areas.

ii. Topical calcineurin Inhibitor (two months): tacrolimus, pimecrolimus.

b. Systemic chronic disease-modifying anti-rheumatic drug (DMARD).

i. Chronic traditional DMARD’s: cyclosporine, azathioprine, methotrexate or mycophenolate.

5. Dosage regimen:

a. Dupixent SC (dupilumab): 600mg load, then 300mg every two weeks.

6. Approval.

a. Initial: six months.

b. Re-approval: one year (reduced % BSA affected, reduced pruritus/symptom severity and/or improve ability to perform routine daily activities).

7. Exclusions: use in conjunction with other biologicals (e.g., Xolair, Remicade, Enbrel, Nucala, etc.).

4.0 Coding:

None.

5.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc; Dupixent accessed July 2019.

2. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Eucrisa accessed July 2019.

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.

6.0 Appendices:

Appendix I: Patient Safety and Monitoring

Drug	Adverse Reactions	Monitoring	REMS
Eucrisa crisaborole topical	• Dermatology: application site pain (4%) • Pregnancy: adverse effects not shown in animal studies	• Hypersensitivity medications and symptoms	None needed
Dupixent dupilumab injection	• Dermatology: inj. site rx (10%) • Ophthalmic conjunctivitis (10%) • Pregnancy: monoclonal antibodies known to cross the placenta	• Hypersensitivity medications and symptoms • Ophthalmic: 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

CLASS 2—Potent	
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
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	
Aclovate 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

7.0 Revision History:

Original Effective Date: 10/25/2017

Next Review Date: 07/22/2020

Revision Date	Reason for Revision
7/19	New format, replaced abbreviations, clarified other therapies.

Revision Date	Reason for Revision