

### Clinical Pharmacy Program Guidelines for Eucrisa

Program	Step Therapy
Medication	Eucrisa (crisaborole)
Issue Date	3/2017
Pharmacy and Therapeutics Approval Date	10/2017
Effective Date	1/2018

#### 1. Background:

Eucrisa (crisaborole) is indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

The American Academy of Dermatology guidelines for the care and management of atopic dermatitis recommend topical corticosteroids for patients with atopic dermatitis who have failed to respond to standard non-pharmacologic therapy. They also recommend the use of topical calcineurin inhibitors (tacrolimus, pimecrolimus) in patients who have failed to respond to, or who are not candidates for topical corticosteroid treatment.

Elidel<sup>®</sup> (pimecrolimus) is indicated as second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adults and children 2 years of age and older, who have failed to respond adequately to other topical prescription treatments, or when those treatments are not advisable.

Protopic<sup>®</sup> (tacrolimus) is indicated as second-line therapy for the short-term and non-continuous chronic treatment of moderate to severe atopic dermatitis in non-immunocompromised adults and children, who have failed to respond adequately to other topical prescription treatments for atopic dermatitis or when those treatments are not advisable.

#### 2. Coverage Criteria:

##### A. Authorization

1. **Eucrisa** will be approved based on the following criteria:

a. History of failure, contraindication, or intolerance to **both** of the following topical therapies:

(1) One topical corticosteroid [e.g., Elocon (mometasone furoate),

Synalar (fluocinolone acetonide), Lidex (fluocinonide)]

**-AND-**

(2) One topical calcineurin inhibitor [e.g., Elidel (pimecrolimus), Protopic (tacrolimus)]

**Authorization will be issued for 12 months**

**3. References:**

1. Eucrisa Prescribing Information. Anacor Pharmaceuticals. Palo Alto, CA. December 2016.
2. Elidel Prescribing Information. Valeant Pharmaceuticals. Bridgewater, NJ. August 2014.
3. Protopic Prescribing Information. Astellas Pharma US, Inc. Northbrook, IL May 2012.
4. Eichenfield LF, Tom WL, Berger TG, et al. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies. J Am Acad Dermatol. 2014; 71(1):116-32.

Program	Step Therapy – Eucrisa
<b>Change Control</b>	
Date	Change
3/2017	New program
10/2017	Removed diagnosis, age, and reauthorization criteria to align with Employer and Individual’s step therapy program. Updated background and references.