

Eucrisa (crisaborole)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Eucrisa (crisaborole) is a topical drug used for the treatment of mild to moderate atopic dermatitis. It can be utilized in patients as young as 3 months of age. The most common side effect includes skin site irritation (pain, burning stinging) but otherwise has a minimal side effect profile.

Definitions

"Atopic Dermatitis" is a chronic, pruritic, inflammatory skin disease that often includes clinical features of skin dryness, erythema, oozing and crusting, and lichenification.

Medical Necessity Criteria for Initial Authorization

Oscar covers Eucrisa (crisaborole) when ALL of the following criteria are met:

1. Member has a diagnosis of mild to moderate atopic dermatitis; *and*
2. Member has documented trial and failure, intolerance to, or contraindication to a medium to high potency corticosteroid and a topical calcineurin inhibitor (such as tacrolimus); *or*
 - a. Member has sensitive affected areas (such as face, axillae, groin) and has documented trial and failure, intolerance to, or contraindication to a topical calcineurin inhibitor (such as tacrolimus)

If the above prior authorization criteria are met, Eucrisa will be approved for 6 months.

Medical Necessity Criteria for Reauthorization:

Oscar covers Eucrisa (crisaborole) when ALL of the following criteria are met:

1. Member has documentation of positive clinical response to Eucrisa therapy (such as reduction in body surface area involvement, reduction in pruritus severity).

If the above prior authorization criteria are met, Eucrisa will be approved for 12 months.

Experimental or Investigational / Not Medically Necessary

Eucrisa (crisaborole) for any other indication is *not covered* by Oscar, as it is considered experimental, investigational, or unproven.

References

1. 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; 71:116.
2. Eucrisa Ointment 2% (crisaborole) [prescribing information]. New York, NY: Pfizer Labs; April 2020.

Clinical Guideline Revision / History Information

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Reviewed/Revised: