**POLICY NAME** 

Atopic Dermatitis Immunomodulator Therapies

POLICY #

3142P

## Criteria

Coverage Criteria of Preferred Products with Single Step Edit (Dupixent, Adbry, Ebglyss)	
	Diagnosis of moderate to severe atopic dermatitis  • ≥10% of body surface area (BSA)  • SCORing Atopic Dermatitis (SCORAD) index value of at least 25
	Age ≥6 months (Dupixent) or ≥12 years (Adbry and Ebglyss)
	Prescribed by or in consultation with a dermatologist (skin doctor), allergist (allergy doctor), or immunologist (doctor specializing in the study of immune systems)
	Documentation of trial, failure, or contraindication to ONE of the following:

Coverage Criteria of Preferred Products with Double Step Edit (Cibinqo, Rinvoq)		
	Diagnosis of moderate to severe atopic dermatitis  • ≥10% of body surface area (BSA)  • SCORing Atopic Dermatitis (SCORAD) index value of at least 25	
	Age 12 years or older	
	Prescribed by or in consultation with a dermatologist (skin doctor), allergist (allergy doctor), or immunologist (immune system doctor).	
	Documentation of trial, failure, or contraindication to ONE of the following:  Topical corticosteroidsacceptable contraindications include treatment of sensitive areas, steroid induced atrophy, long-term uninterrupted use  Topical calcineurin inhibitor (tacrolimus ointment or pimecrolimus cream)—acceptable contraindications include severely impaired skin barrier, risk or presence of malignancy	
	Documentation of minimum 3 month trial, failure, or contraindication to one or more systemic drug product (examples include, but are not limited to Dupixent, Adbry, etc)	

Exclusion Criteria – Any of the following prevents coverage	
☐ Biologics, JAK inhibitors, and immunosuppressants used in combination will not be covered	