

<b>POLICY NAME</b>	Atopic Dermatitis Immunomodulator Therapies	<b>POLICY #</b>	<b>3142P</b>
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## Criteria

### Coverage Criteria of Preferred Products with Single Step Edit (Dupixent, Adbry, Ebglyss)

- ☐ **1.1** Diagnosis of moderate to severe atopic dermatitis
  - $\geq 10\%$  of body surface area (BSA)
  - SCORing Atopic Dermatitis (SCORAD) index value of at least 25
- ☐ **1.2** Age  $\geq 6$  months (Dupixent) or  $\geq 12$  years (Adbry and Ebglyss)
- ☐ **1.3** Prescribed by or in consultation with a dermatologist (skin doctor), allergist (allergy doctor), or immunologist (doctor specializing in the study of immune systems)
- ☐ **1.4** Documentation of trial, failure, or contraindication to ONE of the following:
  - Topical corticosteroids--acceptable 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

### Coverage Criteria of Preferred Products with Double Step Edit (Cibinqo, Rinvoq)

- ☐ **2.1** Diagnosis of moderate to severe atopic dermatitis
  - $\geq 10\%$  of body surface area (BSA)
  - SCORing Atopic Dermatitis (SCORAD) index value of at least 25
- ☐ **2.2** Age 12 years or older
- ☐ **2.3** Prescribed by or in consultation with a dermatologist (skin doctor), allergist (allergy doctor), or immunologist (immune system doctor).
- ☐ **2.4** Documentation of trial, failure, or contraindication to ONE of the following:
  - Topical corticosteroids--acceptable 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
- ☐ **2.5** 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**

- ☐ 3.1 Biologics, JAK inhibitors, and immunosuppressants used in combination will not be covered