

POLICY NAME	Atopic Dermatitis Immunomodulator Therapies	POLICY #	3142P
--------------------	---	-----------------	-------

Criteria

Exclusion Criteria – Any of the following prevents coverage

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

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 ≥ 6 months (Dupixent) or ≥ 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)