

POLICY NAME	Eucrisa (crisaborole)	POLICY #	2598P
-------------	-----------------------	----------	-------

Criteria

Coverage Criteria

- ☐ Diagnosis of mild to moderate atopic dermatitis
- ☐ Ordered by a dermatologist (skin doctor)
- ☐ Documented trial and failure or contraindication to topical corticosteroids
 - Contraindications to topical corticosteroids include: ☐ Treatment of sensitive areas (face, anogenital, skin folds) ☐ Steroid-induced atrophy ☐ Long-term uninterrupted use
- ☐ Documented trial and failure or contraindication to a topical calcineurin inhibitor (Tacrolimus ointment or Elidel cream)
 - Contraindications to topical calcineurin inhibitors include: ☐ Severely impaired skin barrier (Netherton Syndrome) ☐ Risk/Presence of malignancy ☐ Children < 2 years