

POLICY NAME	Eucrisa (crisaborole)	POLICY #	2598P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of mild to moderate atopic dermatitis

- ☐ **1.2** Ordered by a dermatologist (skin doctor)

- ☐ **1.3** 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

- ☐ **1.4** 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