Commercial/Healthcare Exchange PA Criteria

Effective: May 12, 2022

Prior Authorization: Cibinqo

Products Affected: Cibinqo (abrocitinib) oral tablet

Medication Description: Abrocitinib is a Janus kinase (JAK) inhibitor and reversibly inhibits JAK1 by blocking the adenosine triphosphate (ATP) binding site. Abrocitinib is selective for JAK1 over JAK2, JAK3, and tyrosine kinase-2, as well as the broader kinome. The relevance of inhibition of specific JAK enzymes to therapeutic effectiveness is not currently known. Both the parent compound and the active metabolites inhibit JAK1 activity in vitro with similar levels of selectivity

Covered Uses: Treatment of adults with refractory, moderate-to-severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.

Exclusion Criteria:

1. Patients taking antiplatelet therapies (except for low-dose aspirin, ≤ 81mg daily) during the first 3 months of treatment,
2. Cibinqo is not recommended for use in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants.

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Prescriber Restriction: Prescribed by, or in consultation with, an allergist, immunologist, or dermatologist

Age Restriction: 18 years of age and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Atopic Dermatitis

A. Patient meets **ONE** of the following (i **OR** ii)

i. Patient has atopic dermatitis involvement estimated to be ≥ 10% of the body surface area according to the prescriber **AND** meets **ALL** of the following criteria (a, b, **AND** c):

1. Patient has tried at least one medium-, medium-high, high-, and/or super-high-potency prescription topical corticosteroid; **AND**
2. This topical corticosteroid was applied daily for at least 28 consecutive days; **AND**
3. Inadequate efficacy was demonstrated with this topical corticosteroid therapy, according to the prescriber; **OR**

ii. Patient has atopic dermatitis involvement estimated to be < 10% of the body surface area according to the prescriber and meets **ALL** of the following criteria (a, b, c **AND** d):
    1. Patient has atopic dermatitis affecting **ONLY** the following areas: face, eyes/eyelids, skin folds, and/or genitalia; **AND**
    2. Patient has tried tacrolimus ointment; **AND**
    3. Tacrolimus ointment was applied daily for at least 28 consecutive days; **AND**
    4. Inadequate efficacy was demonstrated with tacrolimus ointment, according to the prescriber

Renewal Criteria

1. Atopic Dermatitis - Approve for 1 year if the patient meets the following (A, B **AND** C):
    A. Patient has already received at least 90 days of therapy with Cibinqo; AND
    Note: A patient who has received < 90 days of therapy or who is restarting therapy with Cibinqo should be considered under Initial Therapy.
    B. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating Cibinqo) in at least one of the following: estimated body surface area affected, erythema, induration/papulation/edema, excoriations, lichenification, and/or a decreased requirement for other topical or systemic therapies for atopic dermatitis; AND
    C. Compared with baseline (prior to receiving Cibinqo), patient experienced an improvement in at least one symptom, such as decreased itching.

References:

1. Cibinqo™ [package insert]. New York, NY, Pfizer, Inc. Updated February 2022. Accessed March 3rd, 2022.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	5/12/2022
2	Update	Initial Approval criteria update, and Renewal criteria update to reflect current ICCV guidelines. Added contraindication to include denial for use in combination with other JAK inhibitors, biologic immunomodulators, or with other immunosuppressants.	Initial Criteria Renewal Criteria Exclusion criteria	12/2022