Commercial/Healthcare Exchange PA Criteria

Effective: February 2017

Prior Authorization: Eucrisa

Products Affected: Eucrisa 2% topical ointment

Covered Uses: Eucrisa is indicated for the topical treatment of mild to moderate atopic dermatitis in patients 3 months and older.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 3 months of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

A. Patient has a documented intolerance to, or treatment failure of, adequate trials of at least THREE (3) generic topical products FDA approved to treat atopic dermatitis including:
   - **a.** Tacrolimus
   - **b.** Low to Medium potency topical corticosteroids
   - **c.** Medium to High potency topical corticosteroids.

Note: Patients between the ages of 3 months and 2 years are not required to step through tacrolimus.

References:

1. Eucrisa full prescribing information. Pfizer Labs Inc., New York, NY.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/2017
2	Revision	Criteria update	All	7/2018
3	Update	Updated coverage duration to 12 months	Coverage Duration	2/4/2020
4	Update	Updated age restriction from 2 years to 3 months	Covered Uses Age Restriction Other Criteria	6/11/2020