



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Eucrisa™ (crisaborole)
[Prior Authorization Request Form](#)

Effective 10/01/2017

EUCRISA is a phosphodiesterase 4- inhibitor indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older.

Prior authorization requests may be approved for 6 months if the following criteria are met:

1. Diagnosis of atopic dermatitis; **AND**
2. Patient \geq 2 years old; **AND**
3. Documented 6-week trial and failure of at least one preferred medium to high potency topical corticosteroid (see PDL for a list of preferred agents) **OR** the topical calcineurin inhibitor Elidel (pimecrolimus).

Additional therapy will be available with demonstration of significant improvement since the start of therapy.

References

- 1.) Lexi-Comp drug monograph for crisaborole (Reviewed 8/22/2017)
- 2.) UpToDate article: Treatment of atopic dermatitis. Updated July 24, 2017.
- 3.) Elidel package insert revised 6/2017
- 4.) Eucrisa package insert revised 12/2016
- 5.) Pharmacist Letter, Feb 2017 Article: "Explain Where New Eucrisa Fits into Eczema Treatment"