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

Office of Pharmacy Services
Prior Authorization Criteria
Cibinqo® (abrocitinib)
Effective 9/28/2022

Prior Authorization Request Form

Cibinqo *(abrocitinib) is a Janus kinase (JAK) inhibitor indicated for the 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.*

CRITERIA FOR APPROVAL:

1. Prescribed by or in consultation with an allergist, immunologist or dermatologist; **AND**

2. Documented diagnosis of moderate to severe Atopic Dermatitis (AD). Documentation must include the affected BSA, areas of involvement and severity of symptoms; **AND**

3. The patient must be within the age range as recommended by the FDA label and indication; **AND**

4. Affected body surface area is greater than or equal to 10%; **AND**

5. Patient has failed to find relief of symptoms after a minimum of 30-day trials of two agents from the following list in the last 12 months:

    a. Medium to High potency topical corticosteroid*
    b. Elidel
    c. Eucrisa
    d. Tacrolimus **AND**

6. The patient has a documented intolerance, allergy, or treatment failure after ninety (90) days of therapy with Adbry or Dupixent (unless contraindicated) **AND** the patient has a documented intolerance, allergy, or treatment failure after ninety (90) days of therapy with Rinvoq ER (unless contraindicated).

*Trial of medium to high potency topical steroid is required unless the affected area involves sensitive areas such as the face, skin folds or genitals. However, a trial of two other agents among the list above, are still required prior to Adbry approval.

Approval Duration:

Initial approval will be for 3 months.

Criteria for reauthorization:

1. Demonstrate continued documented compliance; **AND**
2. Documentation of satisfactory patient response (including current affected BSA and severity of symptoms) has been provided.

Continuation of therapy will be granted for 12 months.

References:

1.) Lexicomp monograph for abrocitinib (accessed 9/2022)
2.) Cibinqo package insert