New Hampshire Medicaid Fee-for-Service Program
Skin Disorders Criteria

Approval Date: June 10, 2024

Medications

Brand Names	Generic Names	Dosage
Cibinqo	abrocitinib	50 mg, 100 mg, 200 mg tablets
Eucrisa	crisaborole	2% ointment
Elidel	pimecrolimus	1% cream
Opzelura**	ruxolitinib	1.5% cream
Protopic	tacrolimus	0.03%, 0.1% ointment
Adbry	tralokinumab-ldrm	150 mg/mL prefilled syringe
Rinvoq**	upadacitinib	15 mg, 30 mg tablets

For requests for dupilumab (Dupixent) use the Dupixent criteria.

**For upadacitinib (Rinvoq) all other indications, use the Systemic Immunomodulator criteria.

**For ruxolitinib (Opzelura) for vitiligo see below Atopic Dermatitis criteria.

Criteria for Approval

Topical Therapy

1. FDA-approved indication and age:
   - **Eucrisa (crisaborole):** Topical treatment of mild to moderate atopic dermatitis in patients ≥ 3 months of age; **OR**
   - **Elidel (pimecrolimus)**: Second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adults and children 2 years of age or older who have failed to respond adequately to other topical prescription treatments or when those treatments are not advisable; **OR**
   - **Opzelura (ruxolitinib)**: Second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age or older who have failed to respond adequately to other topical prescription treatments or when those treatments are not advisable; **OR**
   - **Protopic (tacrolimus):** Second-line therapy for the short-term and non-continuous chronic treatment of moderate to severe atopic dermatitis in non-immunocompromised adults and

children who have failed to respond adequately to other topical prescription treatments for atopic dermatitis or when those treatments are not advisable

- 0.03% ointment approved for patients 2 years of age or older; **OR**
- 0.1% ointment approved for patients 16 years of age or older; **AND**

2. Patient has a defined failure or contraindication or intolerance to a trial of topical corticosteroids. In general, a trial constitutes two weeks for high-potency topical corticosteroids (e.g., diflorasone diacetate) and four weeks for low-potency topical corticosteroids (e.g., hydrocortisone acetate); **AND**
3. Opzelura only: Patient has a defined failure or contraindication or intolerance to a trial of topical calcineurin inhibitors (e.g., pimecrolimus or tacrolimus) or topical phosphodiesterase-4 inhibitor (e.g., crisaborole); **AND**
4. Prescribed utilization is for short-term (up to six consecutive weeks at a time) therapy or for non-continuous intermittent therapy (up to one year in duration).

Length of Approval: Two months

Renewal: Six months

Systemic Therapy

1. FDA-approved indication and age:
   - **Cibinqo (abrocitinib):** indicated for the treatment of adults and pediatric patients 12 years of age or older 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; **OR**
   - **Adbry (tralokinumab-ldrm):** indicated for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable; **OR**
   - **Rinvoq (upadacitinib):** indicated for the treatment of adults and pediatric patients 12 years of age or older 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 not advisable; **AND**
2. Prescriber is a dermatologist, immunologist, or allergist (or one has been consulted); **AND**
3. Patient is 18 years of age or older or 12 years of age or older for Rinvoq and Cibinqo; **AND**
4. Patient has a defined failure, contraindication, or intolerance to a trial of topical corticosteroids. In general, a trial constitutes two weeks for high-potency topical corticosteroids (e.g., diflorasone diacetate) and four weeks for low-potency topical corticosteroids (e.g., hydrocortisone acetate); **AND**
5. Patient has a defined failure, contraindication, or intolerance to a trial of pimecrolimus **or** a trial of tacrolimus **or** a trial of Eucrisa (crisaborole). A trial constitutes at least one month of therapy; **AND**
6. Prescribed utilization is for short-term (up to six consecutive weeks at a time) therapy or for non-continuous intermittent therapy (up to one year in duration); **AND**

7. Patient will not receive concurrent therapy with any other monoclonal antibody biologics (e.g., tezepelumab, omalizumab, mepolizumab, reslizumab, dupilumab).

Non-Preferred drugs on the preferred drug list (PDL) require additional PA.

Criteria for Denial

1. Failure to meet criteria for approval; **OR**
2. Treatment of psoriasis; **OR**
3. Treatment of infected atopic dermatitis; **OR**
4. Treatment of Netherton's syndrome.

Other Indications

Prior authorization will be granted for the following approved FDA indications **and** must be prescribed by a dermatologist.

Brand Names	Generic Names	Indication
Opzelura	ruxolitinib	Topical treatment of nonsegmental vitiligo in adult and pediatric patients ≥ 12 years of age

References

Available upon request

Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy and Therapeutic Committee	New	11/02/2006
Commissioner	New	11/16/2006
DUR Board	Review	10/25/2010
Commissioner	Approval	02/10/2011
DUR Board	Revision	10/24/2017
Commissioner	Approval	12/05/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019

Reviewed by	Reason for Review	Date Approved
DUR Board	Revision	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Revision	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/13/2022
Commissioner Designee	Approval	01/26/2023
DUR Board	Revision	06/19/2023
Commissioner Designee	Approval	06/29/2023
DUR Board	Revision	05/07/2024
Commissioner Designee	Approval	06/10/2024