Clinical Policy Title:	abrocitinib
Policy Number:	RxA.752
Drug(s) Applied:	Cibinqo™
Original Policy Date:	04/18/2022
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Moderate to severe atopic dermatitis (must meet all)**:**

1. Diagnosis of moderate to severe atopic dermatitis;
2. Documentation of involvement of at least 10% of body surface area;
3. Trial and failure of both the following (a and b):
   a. One medium to high potency topical corticosteroid or topical calcineurin inhibitor;
   b. One systemic agent (ie. Adbry or Dupixent).

Approval Duration

All Lines of Business (except Medicare): 6 months

II. Continued Therapy Approval

A. Moderate to severe atopic dermatitis (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. David M Fleischer, MD; Jeremy Udkoff, MA, Atopic dermatitis: skin care and topical therapies. Seminar in cutaneous medicine and surgery, September 2017, Vol 36, No. 3. Available at: https://nationaleczema.org/wp-content/uploads/2018/03/258887_eprint4.pdf. Accessed August 28, 2024.
2. Dermatitis. Topical calcineurin inhibitors | dermnet nz. Available at: https://dermnetnz.org/cme/dermatitis/topical-calcineurin-inhibitors. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	03/08/2022	04/18/2022
1. Initial Approval Criteria, I. A.2: Updated age criteria from Age ≥18 years to Age ≥12 years; 2. References were reviewed and updated.	3/28/2023	04/13/2023

Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age requirement. 2. Removed trial and failure requirement for phototherapy. 3. Removed trial and failure criteria for Dupixent. 4. Removed coadministration criteria. 5. Removed dosing criteria. 6. Removed 'positive response to therapy' criteria from reauthorization. 7. References were reviewed and updated.	02/01/2024	02/01/2024
Policy was reviewed: 1. Removed prescriber restrictions. 2. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 3. Updated approval duration verbiage. 4. References were reviewed and updated.	08/28/2024	9/13/2024