



Missouri Pharmacy Program – Preferred Drug List



Atopic Dermatitis Agents (Immunomodulators)

Effective 03/20/2008

Revised 07/12/2018

Preferred Agents

- Elidel®
- Eucrisa®

Non-Preferred Agents

- Dupixent® (SQ Injection)
- Pimecrolimus
- Protopic®
- Tacrolimus

Approval Criteria

Preferred Products: Elidel®, Eucrisa®:

- Age 2 years and older
- Diagnosis of Atopic Dermatitis
- Eucrisa®: Available after trial of topical corticosteroid or Elidel®
 - Limit ONE Tube/28 days

Non-Preferred Products: Protopic®, Tacrolimus 0.03%

- Age 2 years and older
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Dupixent® (Non-Preferred): Initial Criteria (6 month)

- 18 years of age or older AND
- Diagnosis of moderate to severe atopic dermatitis with ≥ 1 of the following:
 - Involvement of at least 10% of body surface area (BSA); OR
 - Scoring Atopic Dermatitis (SCORAD) score of 20 or more; OR
 - Investigator's Global Assessment (IGA) with a score ≥ 3 ; OR
 - Eczema Area and Severity Index (EASI) score of ≥ 16 ; OR
 - Incapacitation due to AD lesion location (e.g., head and neck, palms,

soles, or genitalia); AND

Dupixient® (Non-Preferred): Initial Criteria (continued)

- Have a prior documented trial and failure (or contraindication) of 1 topical corticosteroids of medium to high potency (e.g., mometasone, fluocinolone) and 1 topical calcineurin inhibitors (tacrolimus or pimecrolimus); AND
- Not have responded adequately (or contraindication) to a 3 month minimum trial of at least 1 immunosuppressive systemic agent (e.g., cyclosporine, azathioprine, methotrexate, mycophenolate mofetil, etc.); AND
- Inadequate response to (or is not a candidate for) a 3 month minimum trial of phototherapy (e.g., psoralens with UVA light [PUVA], UVB, etc) provided patient has reasonable access to photo treatment; AND
- Is not pregnant

Dupixient® (Non-Preferred): Renewal Criteria

- Continue to meet above criteria
- Documented response compared to baseline as measured by measures used to qualify moderate to severe AD at baseline (e.g., pruritus, BSA involvement, EASI, IGA, SCORAD)

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030