

## Pharmacy Services

(800) 522-0114, option 4

January 28, 2019

### RE: Topical Corticosteroid and Eucrisa® (Crisaborole) Update

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding coverage of various topical corticosteroid (TCS) medications and Eucrisa® (crisaborole).

### Effective February 11, 2019, the following changes will be made to the TCS medication category:

#### Topical Corticosteroid (TCS) Medications:

1. The following TCS medications will be moved from Tier-1 to Tier-2 of the TCS category:
  - a. Synalar® (fluocinolone acetonide 0.01% cream)
    - i. Current users will not be “grandfathered”. All members receiving these medications will require that a manual prior authorization be submitted by their prescriber.
2. The following TCS medications will be moved from Tier-2 to Tier-3 of the TCS category:
  - a. desonide 0.05% lotion and desonide emollient 0.05% cream and ointment
    - i. Current users will be “grandfathered” if they have had a paid claim within the last 30 days.
3. The following TCS medication(s) will no longer require prior authorization:
  - a. mometasone furoate 0.1% ointment

### Effective January 1, 2019, the following changes were made to the Eucrisa® (crisaborole) prior authorization criteria (previous notification was sent regarding the prior authorization of Eucrisa® in December 2018):

1. The prior authorization of Eucrisa® was reinstated 01/01/2019. Current users were “grandfathered” if they had a paid claim for Eucrisa® within the last 60 days. The following prior authorization criteria apply for new Eucrisa® users:

#### Eucrisa™ (Crisaborole Ointment) Approval Criteria:

1. An FDA approved indication for treatment of mild-to-moderate atopic dermatitis (eczema); and
2. Member must be at least 2 years of age or older; and
3. Member must have a documented trial within the last six months for a minimum of two weeks that resulted in failure with a topical corticosteroid (or have a contraindication or documented intolerance); and
4. A quantity limit of one tube per 30 days will apply.
5. Initial approvals will be for the duration of one month. Reauthorization may be granted if the prescriber documents the member is responding well to treatment.

Specific prior authorization criteria and Tier charts for Eucrisa® (crisaborole) and TCS medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), then clicking “Topical”. If a member requires any of the above medications, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services. Prior authorization request forms can be found online at [www.okhca.org/rxforms](http://www.okhca.org/rxforms) (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!