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PHARMACY / MEDICAL POLICY – 5.01.628

Pharmacologic Treatment of Atopic Dermatitis

Effective Date:	Sept. 1, 2024	RELATED MEDICAL POLICIES:
Last Revised:	Aug. 13, 2024	5.01.575 Dupixent (dupilumab)
Replaces:	N/A	

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Introduction

Atopic dermatitis (AD) is a chronic skin condition. (Chronic means the condition lasts a long time or returns repeatedly.) Symptoms of AD include weeping, oozing plaques, itchy skin, raised red rashes or rashes that appear to have small blisters, dry and flaky skin, and increased allergic reaction. A person with AD may also have a personal or family history of hay fever or other skin conditions. The itchy skin can be triggered by a number of situations. These include heat and perspiration, wool, emotional stress, specific foods, and house dust mites. Scratching and rubbing irritate the skin and increase inflammation, which leads to more itching. Medications called topical corticosteroids and topical calcineurin inhibitors are often successful in treating AD. When a person does not respond to topical corticosteroids and topical calcineurin inhibitors there are other medications that can be tried for AD. This policy describes when these medications may be considered medically necessary to treat AD.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Drug	Medical Necessity
Calcineurin Inhibitors	
• **Elidel (pimecrolimus) topical** • **Protopic (tacrolimus) topical**	**Elidel (pimecrolimus) and Protopic (tacrolimus) may be considered medically necessary for the treatment of atopic dermatitis when:** • The individual is aged 2 years and older **AND** • Has had an inadequate response or intolerance to one topical corticosteroid medication ○ **Exception:** this may be granted for face or genital involvement **AND** • Has tried both generic pimecrolimus and generic tacrolimus first and had an inadequate response or intolerance to generic pimecrolimus and generic tacrolimus (documentation required)
Interleukin-4 Receptor Alpha Antagonist	
Dupixent (dupilumab) SC	**See policy 5.01.575 Dupixent (dupilumab)**
Interleukin-13 Antagonist	

Adbry (tralokinumab-ldrm) SC	**Adbry (tralokinumab-ldrm) may be considered medically necessary for the treatment of moderate to severe atopic dermatitis when:**
	• The individual is aged 12 years and older
	AND
	• Has a diagnosis of atopic dermatitis involving ≥10% of his or her body surface area (BSA)
	  ○ **Exception**: this may be granted when **ANY** of the following are true:
	  ▪ There is extensive recalcitrant facial involvement
	  OR
	  ▪ There is pustular involvement of the hands and feet
	  OR
	  ▪ There is genital involvement which interferes with normal sexual function
	AND
	• Has had an inadequate response or intolerance to one topical calcineurin inhibitor medication, such as pimecrolimus or tacrolimus

Drug	Medical Necessity
	AND • Has had an inadequate response or intolerance to one topical corticosteroid medication of high potency, such as: betamethasone dipropionate, mometasone furoate, fluocinonide, or clobetasol propionate ○ **Exception:** this may be granted for face or genital involvement **AND** • Medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist **AND** • The maintenance dose prescribed is 300 mg given every other week
Janus Kinase (JAK) Inhibitors	

Cibinqo (abrocitinib) oral	**Cibinqo (abrocitinib) may be considered medically necessary for the treatment of moderate to severe atopic dermatitis when:**
	• The individual is aged 12 years and older
	AND
	• Has a diagnosis of atopic dermatitis involving ≥10% of his or her body surface area (BSA)
	  ○ **Exception**: this may be granted when **ANY** of the following are true:
	  ▪ There is extensive recalcitrant facial involvement
	  OR
	  ▪ There is pustular involvement of the hands and feet
	  OR
	  ▪ There is genital involvement which interferes with normal sexual function
	AND
	• Has had an inadequate response or intolerance to one topical calcineurin inhibitor medication, such as pimecrolimus or tacrolimus
	AND
	• Has had an inadequate response or intolerance to one topical corticosteroid medication of high potency, such as:

Drug	Medical Necessity
	betamethasone dipropionate, mometasone furoate, fluocinonide, or clobetasol propionate ○ **Exception:** this may be granted for face or genital involvement **AND** • Has had an inadequate response or intolerance to one traditional systemic therapy (e.g., methotrexate, azathioprine, cyclosporine, mycophenolate mofetil) ○ **Exception:** an individual who has already tried Adbry (tralokinumab-ldrm) or Dupixent (dupilumab) is not required to "step back" and try a traditional systemic agent for atopic dermatitis **AND** • Medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist **AND** • The maintenance dose prescribed is 200 mg once daily or less
Opzelura (ruxolitinib) topical	**Opzelura (ruxolitinib) may be considered medically necessary for the topical, short-term, and non-continuous chronic treatment of mild to moderate atopic dermatitis when:** • The individual is aged 12 years and older **AND** • Is not immunocompromised **AND** • Has had an inadequate response or intolerance to one topical corticosteroid medication ○ **Exception:** this may be granted for face or genital involvement **AND** • Has had an inadequate response or intolerance to one topical calcineurin inhibitor medication, such as pimecrolimus or tacrolimus **Use of Opzelura (ruxolitinib) for the treatment of vitiligo is considered cosmetic.**

Drug	Medical Necessity

Rinvoq (upadacitinib) oral	**Rinvoq (upadacitinib) may be considered medically necessary for the treatment of moderate to severe atopic dermatitis when:**
	• The individual is aged 12 years and older
	AND
	• Has a diagnosis of atopic dermatitis involving ≥10% of his or her body surface area (BSA)
	  ○ **Exception**: this may be granted when **ANY** of the following are true:
	  ▪ There is extensive recalcitrant facial involvement
	  OR
	  ▪ There is pustular involvement of the hands and feet
	  OR
	  ▪ There is genital involvement which interferes with normal sexual function
	AND
	• Has had an inadequate response or intolerance to one topical calcineurin inhibitor medication, such as pimecrolimus or tacrolimus
	AND
	• Has had an inadequate response or intolerance to one topical corticosteroid medication of high potency, such as: betamethasone dipropionate, mometasone furoate, fluocinonide, or clobetasol propionate
	  ○ **Exception:** this may be granted for face or genital involvement
	AND
	• Has had an inadequate response or intolerance to one traditional systemic therapy (e.g., methotrexate, azathioprine, cyclosporine, mycophenolate mofetil)
	  ○ **Exception:** An individual who has already tried or Adbry (tralokinumab-ldrm) or Dupixent (dupilumab) is not required to "step back" and try a traditional systemic agent for atopic dermatitis
	AND
	• Medication is prescribed by or in consultation with an allergist, immunologist, or dermatologist

Drug	Medical Necessity
	AND • The maintenance dose prescribed is 30 mg once daily or less
Phosphodiesterase 4 Inhibitor	
Eucrisa (crisaborole) topical	**Eucrisa (crisaborole) may be considered medically necessary for the treatment of atopic dermatitis when:** • The individual is aged 3 months and older **AND** • Has had an inadequate response or intolerance to one topical corticosteroid medication ○ **Exception:** this may be granted for face or genital involvement **AND** • For individuals aged 2 years and older, an inadequate response or intolerance to one topical calcineurin inhibitor medication, such as pimecrolimus or tacrolimus
Zoryve (roflumilast) 0.15% cream topical	**Zoryve (roflumilast) 0.15% cream may be considered medically necessary for the treatment of atopic dermatitis when:** • The individual is aged 6 years and older **AND** • Has had an inadequate response or intolerance to one topical corticosteroid medication ○ **Exception:** this may be granted for face or genital involvement **AND** • For individuals aged 2 years and older, an inadequate response or intolerance to one topical calcineurin inhibitor medication, such as pimecrolimus or tacrolimus

Drug	Investigational
As listed	**All other uses of Adbry (tralokinumab-ldrm), Cibinqo (abrocitinib), Elidel (pimecrolimus), Eucrisa (crisaborole), Opzelura (ruxolitinib), Protopic (tacrolimus), and Zoryve (roflumilast) 0.15% cream for conditions not outlined in this policy are considered investigational.**

Drug	Investigational
	All other uses of Rinvoq (upadacitinib) for conditions not outlined in this policy, policy 5.01.550, or policy 5.01.563 are considered investigational.

Drug	Not Medically Necessary
As listed	**All other uses of the drugs for approved conditions listed in this policy are considered not medically necessary.**

Length of Approval	
Approval	**Criteria**
Initial authorization	**All drugs listed in policy may be approved up to 12 months.**
Re-authorization criteria	**Future re-authorization of all drugs listed in policy may be approved up to 12 months as long as the drug-specific coverage criteria are met, and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.**

Documentation Requirements
The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following: • Office visit notes that contain the diagnosis, relevant history, physical evaluation, and medication history

Coding

Code	Description
HCPCS	
J3590	Unclassified biologics (use to report Adbry)

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Consideration of Age

Age limits specified in this policy are determined according to the FDA-approved indications.

Benefit Application

Pharmacy Benefit

Cibinqo (abrocitinib), Elidel (pimecrolimus), Eucrisa (crisaborole), Opzelura (ruxolitinib), Protopic (tacrolimus), Rinvoq (upadacitinib), and Zoryve (roflumilast) 0.15% cream are managed through the pharmacy benefit.

Medical / Pharmacy Benefit

Adbry (tralokinumab-ldrm) is managed through both the pharmacy and medical benefit.

Evidence Review

Atopic Dermatitis

Atopic dermatitis (AD) is a chronic inflammatory, relapsing skin condition that primarily causes significant itching, which can result in decreased quality of life. In 2012, the prevalence of AD in the US included 16.5 million adults (7.2%), with 6.6 million (40%) of those diagnosed with moderate-to-severe disease. While it is difficult to characterize, as individuals are less likely to seek treatment as they age, incidence has increased 2- to 3-fold in industrialized nations since the 1970s; AD can occur at any age, with the highest incidence between 3 and 6 months.

AD is characterized by the inappropriate activation of type 2 T helper (Th2) cells and type 2 innate lymphoid (ILC2) cells, with a predominant increase in type 2 cytokines in the skin, including interleukin (IL)-13 and IL-4. Both cytokines are implicated in tissue inflammation and epidermal barrier dysfunction.

The American Academy of Dermatology (AAD) has issued guidelines for the treatment of AD. However, these guidelines were last updated in 2014. This AAD guideline currently recommends a stepwise approach to treatment, with avoidance of triggers, basic skin care, and moisturization as the cornerstone. Topical corticosteroids are recommended when good skin care and regular use of emollients has failed. Topical calcineurin inhibitors (TCIs) may also be used concurrently with topical corticosteroids or as a steroid-sparing therapy. In individuals with severe disease or failing topical agents, particularly in adults, systemic therapies including methotrexate (MTX), azathioprine, cyclosporine, and mycophenolate mofetil have also been used with success.

Adbry (tralokinumab-ldrm)

Tralokinumab is a fully human, immunoglobulin (Ig) G4 monoclonal antibody that specifically binds to the interleukin (IL)-13 cytokine preventing its interaction with its receptor and the subsequent downstream signaling. It is the first MAb to be approved with IL-13 target. Three phase 3 trials (ECZTRA 1, 2, and 3) have been conducted to assess the efficacy and safety of tralokinumab as monotherapy or in combination with TCS in individuals with moderate-to-severe AD.

The ECZTRA 1 study was a phase III, randomized, double-blinded, placebo-controlled study of tralokinumab monotherapy in individuals with moderate-to-severe AD. 802 individuals were randomized to receive an initial 16-week course of tralokinumab (n= 603) or placebo (n= 199). Individuals were rerandomized at week 16 for continuation treatment, then had a final safety follow-up 16 weeks after the last dose of study medication. At Week 16, more individuals who received tralokinumab achieved an IGA 0/1 compared to individuals who received placebo (15.8% vs 7.1%; difference 8.6%; 95% CI: 4.1, 13.1; P=0.002). At Week 16, more individuals who received tralokinumab achieved EASI75 compared to individuals who received placebo (25.0% vs 12.7%; difference 12.1%; 95% CI: 5.8, 16.4; P<0.001).

The ECZTRA 2 study was a phase III, randomized, double-blinded, placebo-controlled study of tralokinumab monotherapy in individuals with moderate-to-severe AD. 794 individuals were randomized to receive an initial 16-week course of tralokinumab (n= 593) or placebo (n= 201). Individuals were rerandomized at week 16 for continuation treatment, then had a final safety follow-up 16 weeks after the last dose of study medication. At Week 16, more individuals who received tralokinumab achieved an IGA 0/1 compared to individuals who received placebo (22.2% vs 10.9%; difference 11.1%; 95% CI: 5.8, 16.4; P,0.001). At Week 16, more individuals who received tralokinumab achieved EASI75 compared to individuals who received placebo (33.2% vs 11.4%; difference 21.6%; 95% CI: 15.8, 27.3; P,0.001).

The ECZTRA 3 study was a phase III, randomized, double-blinded, placebo-controlled study of tralokinumab in combination with TCS in individuals with moderate-to-severe AD. 380 individuals were randomized to receive an initial 16-week course of tralokinumab in combination with TCS as needed (n=253) or placebo in combination with TCS (n=127). Individuals were rerandomized at week 16 for continuation treatment, then had a final safety follow-up 16 weeks after the last dose of study medication. At Week 16, more individuals who received tralokinumab achieved an IGA 0/1 compared to individuals who received placebo (38.9% vs 26.2%; difference 12.4%; 95% CI: 2.9, 21.9; P=0.015). At Week 16, more individuals who received tralokinumab achieved EASI75 compared to individuals who received placebo (56.0% vs 35.7%; difference 20.2%; 95% CI: 9.8, 30.6; P<0.001).

Cibinqo (abrocitinib)

Abrocitinib is a Janus kinase (JAK) inhibitor that reversibly inhibits JAK1 by blocking the adenosine triphosphate (ATP) binding site. In a cell-free isolated enzyme assay, abrocitinib was selective for JAK1 over JAK2 (28-fold), JAK3 (>340-fold), and tyrosine kinase (TYK) 2 (43-fold), as well as the broader kinome. The relevance of inhibition of specific JAK enzymes to therapeutic effectiveness is not currently known. Both the parent compound and the active metabolites inhibit JAK1 activity in vitro with similar levels of selectivity.

The efficacy of abrocitinib as monotherapy and in combination with background topical corticosteroids were evaluated in 3 randomized, double-blind, placebo-controlled trials [Trial-AD-1 (NCT03349060), Trial-AD-2 (NCT03575871), and Trial-AD-3 (NCT03720470)] in 1615 subjects 12 years of age and older (abrocitinib is not approved for use in pediatric individuals) with moderate-to-severe atopic dermatitis as defined by Investigator's Global Assessment (IGA) score ≥3, Eczema Area and Severity Index (EASI) score ≥16, body surface area (BSA) involvement ≥10%, and Peak Pruritus Numerical Rating Scale (PP-NRS) ≥4 at the baseline visit prior to randomization.

Overall, 53% of subjects were male, 69% of subjects were white, 64% of subjects had a baseline IGA score of 3 (moderate AD), and 36% of subjects had a baseline IGA score of 4 (severe AD). The baseline mean EASI score was 30. The baseline mean age was 36 years old with 8% of subjects 12 to less than 18 years old and 92% of subjects 18 years of age or older. Subjects in these trials were those who had inadequate response to previous topical therapy or were subjects for whom topical treatments were medically inadvisable, or who had received systemic therapies including dupilumab. In each of the trials, over 40% of subjects had prior exposure to systemic therapy. In Trial-AD-1 and Trial-AD-2, 6% of the subjects had received dupilumab,

whereas prior use of dupilumab was not allowed in Trial-AD-3. Trial-AD-1, Trial-AD-2, and Trial-AD-3 assessed the co-primary endpoints of IGA and EASI-75 responses at Week 12.

In the abrocitinib monotherapy trials (Trial-AD-1 and Trial-AD-2), the proportion of subjects achieving PP-NRS4 at Week 2 (defined as an improvement of ≥4 points from baseline in PP-NRS) was higher in subjects treated with abrocitinib monotherapy 200 mg once daily (28% in Trial-AD-1 and 24% in Trial-AD-2) and 100 mg once daily (11% in both trials) compared to placebo (2% in both trials). A higher proportion of subjects in the CIBINQO monotherapy 100 mg or 200 mg once daily arm compared to placebo achieved improvement in itching at Week 12.

In the abrocitinib in combination with background topical corticosteroids (Trial-AD-3), the proportions of subjects achieving PP-NRS4 at Week 2 was higher in subjects treated with abrocitinib 200 mg once daily (30%) and 100 mg once daily (14%) in combination with background medicated topical therapies compared to placebo (8%).

Eucrisa (crisaborole)

Crisaborole is a phosphodiesterase 4 (PDE-4) inhibitor. PDE-4 inhibition results in increased intracellular cyclic adenosine monophosphate (cAMP) levels. The specific mechanism(s) by which crisaborole exerts its therapeutic action for the treatment of atopic dermatitis is not well defined.

Two multicenter, randomized, double-blind, parallel-group, vehicle-controlled trials (Trials 1 and 2) treated a total of 1522 subjects 2 to 79 years of age (86.3% of subjects were 2 to 17 years of age) with a 5% to 95% treatable BSA. At baseline, 38.5% of the subjects had an Investigator's Static Global Assessment [ISGA] score of 2 (mild), and 61.5% had an ISGA score of 3 (moderate), in the overall assessment of atopic dermatitis (erythema, induration/papulation, and oozing/crusting) on a severity scale of 0 to 4.

In both trials, subjects were randomized 2:1 to receive crisaborole or vehicle applied twice daily for 28 days. The primary efficacy endpoint was the proportion of subjects at Day 29 who achieved success, defined as an ISGA grade of Clear (score of 0) or Almost Clear (score of 1) with a 2-grade or greater improvement from baseline, comparing crisaborole-treated subjects to vehicle-treated subjects. In Trial 1 32.8% of crisaborole treated subjects vs. 25.4% of vehicle-treated subjects were considered a success in ISGA. In Trial 2 31.4% of crisaborole treated subjects vs. 18.0% of vehicle-treated subjects were considered a success in ISGA.

Opzelura (ruxolitinib)

Ruxolitinib, a Janus kinase (JAK) inhibitor, inhibits JAK1 and JAK2 which mediate the signaling of a number of cytokines and growth factors that are important for hematopoiesis and immune function. JAK signaling involves recruitment of STATs (signal transducers and activators of transcription) to cytokine receptors, activation and subsequent localization of STATs to the nucleus leading to modulation of gene expression. The relevance of inhibition of specific JAK enzymes to therapeutic effectiveness is not currently known.

The efficacy of ruxolitinib cream 1.5% twice daily (BID) has only been studied up to 8 weeks of double-blind (DB) treatment vs vehicle. Open label (OL), single-arm extensions of up to 52 weeks are ongoing. Two identical Phase 3 studies of good quality (TRuE-AD1 and -AD2) consistently support the efficacy of ruxolitinib cream 1.5% BID over vehicle in individuals ≥12 years with mild to moderate AD as measured by Investigator's Global Assessment (IGA) response (IGA score 0 [clear] or 1 [almost clear] and change from baseline of ≥2 points), EASI-75 response, and improvement in itching (≥4-point improvement from baseline in itch numerical rating scale) at week 8.1 Long-term efficacy remains to be established. Two OL single-arm extensions of up to 52-weeks duration are ongoing. Efficacy for sensitive areas (e.g., face, genitals), in children, and in combination with other topicals or systemics also remain to be established.

In a moderate quality Phase 2 dose-ranging trial, various doses and application regimens of ruxolitinib cream were compared to vehicle and this study also had an active control arm (triamcinolone 0.1% BID) for the first four weeks of DB treatment. Estimating the efficacy outcome graphics suggests similar efficacy between ruxolitinib cream 1.5% BID and triamcinolone 0.1% BID at 2 and 4 weeks for the primary endpoint of percentage change from baseline in EASI score and secondary endpoint of IGA response because their 95% confidence intervals overlap. However, the study was not powered to detect differences in IGA or EASI response between these active treatments. No other directly comparative effectiveness evidence vs other therapeutic alternatives for mild to moderate disease was identified at time of review.

Rinvoq (upadacitinib)

Upadacitinib is a Janus kinase (JAK) inhibitor. JAKs are intracellular enzymes which transmit signals arising from cytokine or growth factor-receptor interactions on the cellular membrane to influence cellular processes of hematopoiesis and immune cell function. Within the signaling pathway, JAKs phosphorylate and activate signal transducers and activators of transcription (STATs) which modulate intracellular activity including gene expression. Upadacitinib modulates

the signaling pathway at the point of JAKs, preventing the phosphorylation preventing the phosphorylation and activation of STATs. JAK enzymes transmit cytokine signaling through their pairing (e.g., JAK1/JAK2, JAK1/JAK3, JAK1/TYK2, JAK2/JAK2, JAK2/TYK2). In a cell-free isolated enzyme assay, upadacitinib had greater inhibitory potency at JAK1 and JAK2 relative to JAK3 and TYK2. In human leukocyte cellular assays, upadacitinib inhibited cytokine-induced STAT phosphorylation mediated by JAK1 and JAK1/JAK3 more potently than JAK2/JAK2 mediated STAT phosphorylation. However, the relevance of inhibition of specific JAK enzymes to therapeutic effectiveness is not currently known.

The efficacy of upadacitinib 15 mg and 30 mg once daily, was assessed in three Phase 3 randomized, double-blind, multicenter trials (AD-1, AD-2, AD-3; NCT03569293, NCT03607422, and NCT03568318, respectively) in a total of 2584 individuals (12 years of age and older). Upadacitinib was evaluated in 344 pediatric individuals and 2240 adult individuals with moderate to severe atopic dermatitis (AD) not adequately controlled by topical medication(s). Disease severity at baseline was defined by a validated Investigator's Global Assessment (vIGAAD) score ≥3 in the overall assessment of AD on a severity scale of 0 to 4, an Eczema Area and Severity Index (EASI) score ≥16, a minimum body surface area (BSA) involvement of ≥10%, and weekly average Worst Pruritus Numerical Rating Scale (NRS) score ≥4. Overall, 57% of the individuals were male and 69% were white. The mean age at baseline was 34 years (ranged from 12 to 75 years) and 13% of the individuals were 12 to less than 18 years. At baseline, 49% of individuals had a vIGA-AD score of 3 (moderate AD), and 51% of individuals had a vIGA-AD score of 4 (severe AD). The baseline mean EASI score was 29 and the baseline weekly average Worst Pruritus NRS score was 7. Approximately 52% of the individuals had prior exposure to systemic AD treatment.

In all three trials, individuals received upadacitinib once daily oral doses of 15 mg, 30 mg, or matching placebo for 16 weeks. In Trial AD-3, individuals also received upadacitinib or placebo with concomitant topical corticosteroids (TCS) for 16 weeks.

All three trials assessed the co-primary endpoints of the proportion of individuals with a vIGA-AD score of 0 (clear) or 1 (almost clear) with at least a 2-point improvement and the proportion of individuals with EASI-75 (improvement of at least 75% in EASI score from baseline) at Week 16. Secondary endpoints included EASI-90 and EASI-100 at Week 16, and the proportion of individuals with reduction in itch (≥4-point improvement from baseline in the Worst Pruritus NRS) at Weeks 1, 4, and 16. In Trials AD-1 and AD-2, the proportion of individuals with reduction in pain (≥4-point improvement in the Atopic Dermatitis Symptom Scale [ADerm-SS] Skin Pain NRS) from baseline to Week 16 was a secondary endpoint.

In the upadacitinib monotherapy trial AD-1 at week 16 the vIGA-AD 0/1 difference from placebo (95% CI) for upadacitinib 15 mg was 40% (33%, 46%) and for upadacitinib 30 mg was 54% (47%,

60%). The EASI-75 difference from placebo for upadacitinib 15 mg was 53% (46%, 60%) and for upadacitinib 30 mg was 63% (57%, 70%).

In the upadacitinib monotherapy trial AD-2 at week 16 the vIGA-AD 0/1 difference from placebo (95% CI) for upadacitinib 15 mg was 34% (28%, 40%) and for upadacitinib 30 mg was 47% (41%, 54%). The EASI-75 difference from placebo for upadacitinib 15 mg was 47% (40%, 54%) and for upadacitinib 30 mg was 60% (53%, 66%).

In the upadacitinib with concomitant TCS trial (AD-3) at week 16 the vIGA-AD 0/1 difference from placebo (95% CI) for upadacitinib 15 mg was 29% (22%, 35%) and for upadacitinib 30 mg was 48% (41%, 54%). The EASI-75 difference from placebo for upadacitinib 15 mg was 38% (31%, 45%) and for upadacitinib 30 mg was 51% (44%, 57%).

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17. Adbry (tralokinumab-ldrm) [prescribing information]. Madison, NJ: Leo Pharma Inc.; Revised December 2023.
18. Cibinqo (abrocitinib) [prescribing information]. New York, NY: Pfizer Labs; Revised December 2023.
19. Elidel (pimecrolimus) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; Revised December 2017.
20. Eucrisa (crisaborole) [prescribing information]. New York, NY: Pfizer Labs; Revised April 2023.
21. Opzelura (ruxolitinib) [prescribing information]. Wilmington, DE: Incyte Corporation; Revised September 2023.
22. Protopic (tacrolimus) [prescribing information]. Madison, NJ: Leo Pharma Inc.; Revised February 2019.
23. Rinvoq (upadacitinib [prescribing information]. North Chicago, IL: Abbvie Inc.; Revised November 2023.
24. Zoryve (roflumilast) cream [prescribing information]. Westlake Village, CA; Arcutis Biotherapeutics, Inc.; July 2024.

History

Date	Comments
06/01/22	New policy, approved May 10, 2022, effective for dates of service on or after June 1, 2022. Added coverage criteria for Adbry (tralokinumab-ldrm), Cibinqo (abrocitinib), Elidel (pimecrolimus), Eucrisa (crisaborole), Opzelura (ruxolitinib), Protopic (tacrolimus), and Rinvoq (upadacitinib) for the treatment of atopic dermatitis. Moved Elidel, Protopic, Eucrisa, and Opzelura from Policy 5.01.605 to Policy 5.01.628 with no changes to coverage criteria. Moved Adbry, Cibinqo, and Rinvoq from Policy 5.01.550 to Policy 5.01.628 with no changes to coverage criteria.
05/01/23	Annual Review, approved April 19, 2023. Reviewed prescribing information and conducted literature search. Updated age requirement for Cibinqo (abrocitinib) from 18 years and older to 12 years and older. Added note to indicate that use of ruxolitinib for vitiligo is considered cosmetic and not covered by this policy. Changed the wording from "patient" to "individual" throughout the policy for standardization.

Date	Comments
04/01/24	Annual Review, approved March 25, 2024. Updated age requirement for Adbry (tralokinumab-ldrm) from 18 years and older to 12 years and older.
09/01/24	Interim Review, approved August 13, 2024. Added coverage criteria for Zoryve (roflumilast) 0.15% cream.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

PREMERA HMO

Discrimination is Against the Law

Premera Blue Cross HMO (Premera HMO) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera HMO does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera HMO provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera HMO provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera HMO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-722-4661 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-722-4661（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-722-4661 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-722-4661 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-722-4661 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-722-4661 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 844-722-4661 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 844-722-4661 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。844-722-4661（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 844-722-4661 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 844-722-4661 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-722-4661 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 844-722-4661 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-722-4661 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 844-722-4661 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 844-722-4661 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-722-4661 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-722-4661 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 844-722-4661 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 844-722-4661 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 844-722-4661 (TTY: 711) تماس بگیرید.