

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Abrocitinib (Cibinqo)

Notes:

- Quantity Limits: Yes
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ Adequate trial is defined as the following:
 - Topical corticosteroids – 8 weeks
 - Topical calcineurin inhibitors – 6 weeks
 - Phototherapy – 8 weeks
 - Atopic dermatitis systemic medications – 6 weeks

Initiation (new start) criteria and criteria for new members entering Kaiser

Permanente already taking the medication who have not been reviewed previously:

Non-formulary **abrocitinib (Cibinqo)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of moderate to severe atopic dermatitis
 - Patient has tried and failed an adequate trial[^] of, or patient has an allergy or intolerance to the following:
 - At least 1 medium to super-potent/ultrahigh potency topical corticosteroid
 - At least 1 topical calcineurin inhibitor
 - Phototherapy (unless documented by prescriber phototherapy not appropriate)
 - Patient has tried and failed an adequate trial[^] of, or patient has an allergy or intolerance to at least 1 of the following systemic medications (or contraindication to all)
 - Azathioprine
 - Cyclosporine
 - Methotrexate
 - Mycophenolate
 - Patient has tried and failed/intolerant to tralokinumab-ldrm (criteria based) OR dupilumab (criteria based)
 - Patient is NOT currently on a Janus kinase inhibitor (oral or topical) or biologic (tralokinumab-ldrm or dupilumab) for atopic dermatitis

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Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **abrocitinib (Cibinqo)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of moderate to severe atopic dermatitis
 - Patient has responded to abrocitinib (Cibinqo) treatment as determined by prescriber
 - Patient is NOT currently on a Janus kinase inhibitor (oral or topical) or biologic (tralokinumab-ldrm or dupilumab) for atopic dermatitis