

**crisaborole (EUCRISA)**

**Diagnosis Considered for Coverage:**

- Atopic dermatitis – mild to moderate disease

**Coverage Criteria:**

**For atopic dermatitis:**

- Inadequate response, intolerable side effect, or contraindication to a topical calcineurin inhibitor (e.g. pimecrolimus, tacrolimus), **and**
- Inadequate response or intolerable side effect to ONE prescription-strength topical corticosteroid agent, OR contraindication to the use of ALL prescription-strength topical corticosteroid therapy.

**Coverage Duration:** one year

Effective Date: 8/2/2023