

Topical Agents for Inflammatory Skin Disease

Goal(s):

- Restrict dermatological drugs only for funded OHP diagnoses. Treatments are funded on the OHP for severe inflammatory skin diseases including: psoriasis, atopic dermatitis, lichen planus, Darier disease, pityriasis rubra pilaris, discoid lupus and vitiligo. Treatments for mild or moderate psoriasis, mild or moderate atopic dermatitis, seborrheic dermatitis, keratoderma and other hypertrophic and atrophic conditions of skin are not funded.

Length of Authorization:

- From 6 to 12 months

Requires PA:

- Non-preferred antipsoriatics
- All atopic dermatitis drugs
- STC = 92 and HIC = L1A, L5F, L9D, T0A
- This PA does not apply to targeted immune modulators for psoriasis or atopic dermatitis which are subject to separate clinical PA criteria.

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org/drugs/

Table 1. FDA-Approved Ages or Topical Atopic Dermatitis Drugs

Drug	Minimum Age
Crisaborole	3 months
Pimecrolimus	2 years
Ruxolitinib	12 years
Tacrolimus 0.03%	2 years
Tacrolimus 0.1%	16 years

Approval Criteria

1. What diagnosis is being treated?	Record ICD 10 code.	
2. Is the diagnosis for mild or moderate inflammatory skin conditions?	Yes: Pass to RPh; deny, not funded by the OHP.	No: Go to #3

Approval Criteria

<p>3. Is the request for treatment of severe inflammatory skin disease?</p> <p>Severe disease is defined as:¹</p> <ul style="list-style-type: none"> • Having functional impairment as indicated by Dermatology Life Quality Index (DLQI) \geq 11 or Children's Dermatology Life Quality Index (CDLQI) \geq 13 (or severe score on other validated tool) AND one or more of the following: <ol style="list-style-type: none"> 1. At least 10% body surface area involved OR 2. Hand, foot, face , or mucous membrane involvement 	<p>Yes: Go to #4</p>	<p>No: Pass to RPh; deny, not funded by the OHP</p>
<p>4. Is the diagnosis psoriasis?</p>	<p>Yes: Go to #8</p>	<p>No: Go to #5</p>
<p>5. Is the diagnosis atopic dermatitis?</p>	<p>Yes: Go to #6</p>	<p>No: Go to #10</p>
<p>6. Does the patient meet the age requirements per the FDA label (Table 1)?</p>	<p>Yes: Go to #7</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>7. Does the patient have a documented contraindication, intolerance or failed trials of at least 2 first line agents (i.e. topical corticosteroids or tacrolimus) indicated for the treatment of severe AD?</p> <p>*Note ruxolitinib, pimecrolimus and crisaborole are FDA approved to manage mild to moderate AD, while tacrolimus is FDA approved to manage moderate to severe AD.</p>	<p>Yes: Document drug and dates trialed, and intolerances or contraindications (if applicable):</p> <ol style="list-style-type: none"> 1. _____(dates) 2. _____(dates) <p>Approve for length of treatment; maximum 6 months.</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

Approval Criteria		
8. Is the requested product preferred?	Yes: Approve for length of treatment; maximum 1 year.	No: Go to #9
9. Will the prescriber consider a change to a preferred product? Message: Preferred products are evidence-based reviewed for comparative effectiveness & safety by the Pharmacy and Therapeutics Committee.	Yes: Inform provider of preferred alternatives. Approve for length of treatment; maximum 1 year.	No: Approve for length of treatment; maximum 1 year.
10. RPH only: All other indications need to be evaluated as to whether they are funded by the OHP.*	If funded, and clinic provides supporting literature: Approve for 1 year.	If not funded: Deny, not funded by the OHP.

P&T/DUR Review: 6/22 (DM); 12/20; 10/20; 7/19; 5/19; 3/18; 9/17; 7/15; 1/15; 09/10; 9/09; 3/09; 5/07; 2/06
Implementation: 7/1/22; 1/1/2021, 11/1/20; 8/19/19; 4/16/18; 10/15; 8/15; 9/13; 6/12; 9/10; 1/10; 7/09; 6/07; 9/06

*The Health Evidence Review Commission has stipulated via Guideline Note 21 that mild and moderate uncomplicated inflammatory skin conditions including psoriasis, atopic dermatitis, lichen planus, Darier disease, pityriasis rubra pilaris, and discoid lupus are not funded. Uncomplicated is defined as no functional impairment; and/or involving less than 10% of body surface area and no involvement of the hand, foot, or mucous membranes.

References:

1. Oregon Health Evidence Review Commission. Coverage Guidance and Reports. <http://www.oregon.gov/oha/hpa/csi-herc/pages/index.aspx>. Accessed March 1, 2022.