

# NYRx Drug Class Coverage Overview: Atopic Dermatitis Agents

## NYRx Drug Utilization Review Requirements

Eucrisa® and Opzelura® are subject to prior authorization (PA) requirements of the [NYRx Drug Utilization Review \(DUR\) Program](#):

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Atopic Dermatitis Agents <ul style="list-style-type: none"> <li>crisaborole (Eucrisa®)</li> <li>ruxolitinib (Opzelura™)</li> </ul>	<ul style="list-style-type: none"> <li>Trial with a medium or high potency prescription topical steroid within the last 3 months</li> </ul>	<b>QUANTITY LIMITS:</b> <ul style="list-style-type: none"> <li>100 gm/30 days (crisaborole)</li> <li>240 gm/30 days (ruxolitinib)</li> </ul>	<ul style="list-style-type: none"> <li>Confirm diagnosis of FDA-approved or compendia-supported Medicaid covered indication</li> <li>ruxolitinib: age 12 years +</li> </ul>

## Prior Authorization Requirements

In addition to a confirmed diagnosis of FDA-approved or compendia-supported indication the following criteria apply,

- A trial with a medium or high-potency prescription topical steroid within the last three months.
- A maximum quantity limited to:
  - Eucrisa® 100 gram per 30 days
  - Opzelura® 240 grams per 30 days.
 For Opzelura®, patients must be at least 12 years old.

## NYRx Coverage Parameters

NYRx, the Medicaid pharmacy program, covers medically necessary FDA-approved drugs when used for Medicaid-covered indications. Nonsegmental vitiligo is a Medicaid-excluded diagnosis. Opzelura® requires a confirmed diagnosis of a Medicaid-covered, FDA-approved, or compendia-supported indication, either via the member’s Medicaid claim history at the time of pharmacy claim submission or provided with a PA request.

The NYRx drug utilization review criteria is based on recommendations from the NYRx Drug Utilization Review Board and is subject to Federal and State regulations. The Social Security Act 1927(d) limits State Medicaid coverage of certain drugs or classes of drugs. NYRx, the Medicaid pharmacy program is prohibited from providing coverage for drugs and drug classes that are excluded per the New York State Plan Amendment and/or State or Federal legislation.

## Resources

- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)

## Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at [NYRxEO@primetherapeutics.com](mailto:NYRxEO@primetherapeutics.com) from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.