

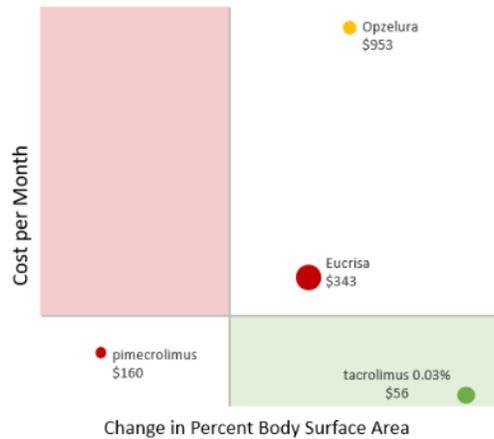
Atopic Dermatitis

The strategic approach for Atopic Dermatitis is twofold. For mild-to-moderate disease, the formulary promotes a high-value topical agent. For moderate-to-severe disease, the strategy prioritizes effective oral systemic therapies over high-cost biologics.

Mild-to-Moderate Disease: Topical Therapies

Comparative Effectiveness: Key Findings

The analysis of 7 clinical trials assessing approximately 4,000 patients found that tacrolimus and Opzelura are equally effective. Both were superior to Eucrisa and pimecrolimus, which were not better than placebo.



TruCard Coverage Tier
Bubble size represents relative utilization. Outlined bubble represents no utilization.

- \$0 Copay
- Tier 4 Speciality: PA
- Non-Formulary

2026 Formulary Coverage & Member Cost

Drug Name	Coverage Tier & Member Copay	Key Status
tacrolimus 0.03% ointment	\$0 copay (post-deductible)	High-Value First-Line Option
Opzelura	Tier 4: Up to \$1200/Year PA required	For steroids and tacrolimus Failures
Eucrisa pimecrolimus	Non-Formulary: \$360/Year	Lower-value options; Not covered

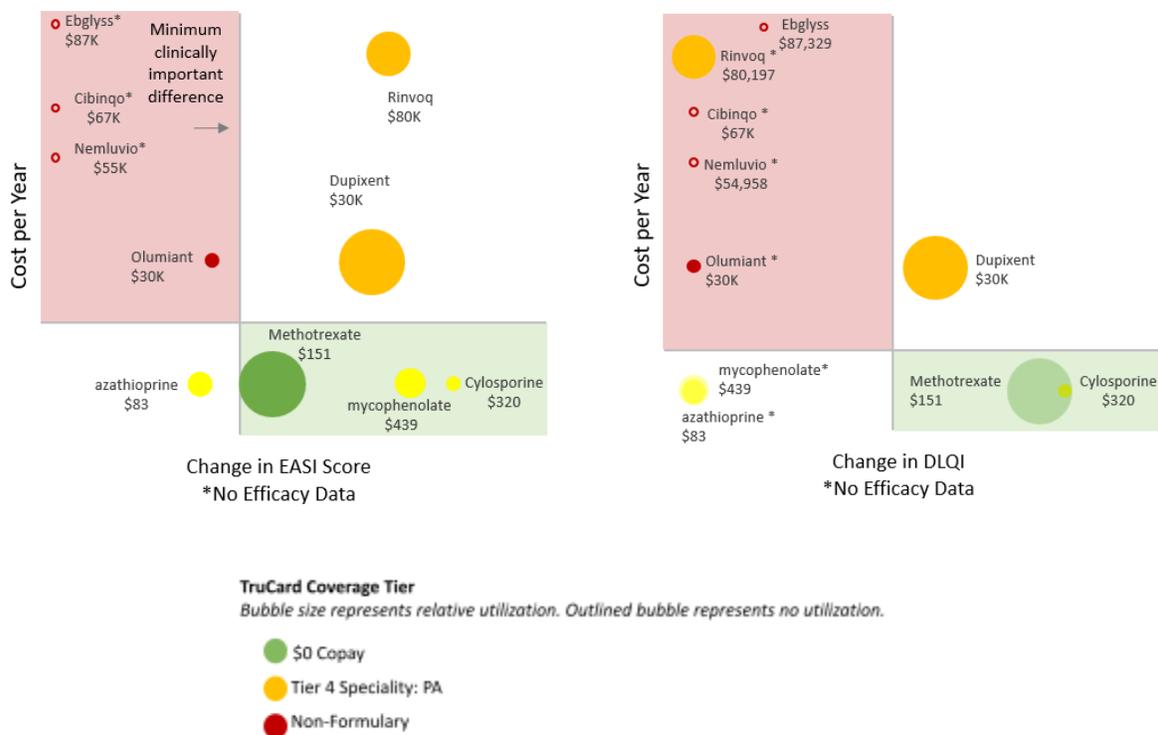
Prescribing Strategy & Transition Plan

Initial Management (New Starts): Use topical steroids and topical tacrolimus 0.03% as first line options. This provides patients with highly effective options at low copays and avoids less effective options such as Eucrisa and pimecrolimus

Managing Established Patients (Transition Plan): Patients will be provided a six-month grace period to transition to a high value alternative. For patients who have not had an inadequate response to medium or high potency topical steroids and topical tacrolimus 0.03%, transition them to one of these high value therapies. For patients who have already tried the covered options or have contraindication or intolerance to these therapies, submit a request for clinical review.

Moderate-to-Severe Disease: Systemic Therapies

Comparative Effectiveness: Key Findings



Our evidence review of 61 clinical trials assessing over 22,000 patients revealed that oral agents are high value options for the treatment of moderate to severe atopic dermatitis.

- Oral therapies like methotrexate and cyclosporine are equally effective to Dupixent for improving Eczema Area Severity Index (EASI) scores and Dermatology Life Quality Index (DLQI) scores. The lack of a clear clinical advantage for the biologic combined with its significantly higher cost, is the direct driver of our strategy to reserve Dupixent for patients who have failed oral systemic therapies or UVB phototherapy.

2026 Formulary Coverage & Member Cost

Drug Name	Coverage Tier & Member Copay	Key Status
Methotrexate	\$0 copay (post-deductible)	High-Value First-Line Systemics
cyclosporine mycophenolate azathioprine	Tier 1: \$60/Year	High-Value First-Line Systemics
Dupixent	Tier 4: Up to \$1200/Year PA required	For failure of systemic options
Ebglyss Cibinqo Nemluvio	Non-Formulary: \$360/Year	Lower-value options; Not covered

Prescribing Strategy & Transition Plan

Initial Management (New Starts): Initiate treatment with high-value oral systemics (e.g., methotrexate, cyclosporine) or narrowband UVB (NB-UVB) phototherapy. Dupixent should be reserved for patients who fail these first-line options.

Managing Established Patients (Transition Plan): Patients currently on Dupixent have a six-month grace period to transition. Continuation of care will be provided for patients under 12 years of age and for those with documented failure or contraindication to oral systemic agents.

Prior Authorization (PA) Criteria at a Glance

- **PA approval for Dupixent requires documented failure of:**
 - Two high to very high potency topical corticosteroids; AND
 - Topical tacrolimus; AND
 - At least one systemic therapy (e.g., methotrexate, cyclosporine), unless the patient is under 12 years old.