

PHARMACY POLICY STATEMENT

North Carolina Marketplace

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| DRUG NAME | Cibinqo (abrocitinib) |
| BENEFIT TYPE | Pharmacy |
| STATUS | Prior Authorization Required |

Cibinqo was initially approved by the FDA in 2022. It is a Janus kinase (JAK) inhibitor indicated for the treatment of adults and pediatric patients 12 years of age or older with refractory, moderate-to-severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable. Cibinqo works by inhibiting the activity of one or more of the Janus kinase family of enzymes, interfering with the JAK-STAT signaling pathway.

Cibinqo (abrocitinib) will be considered for coverage when the following criteria are met:

Atopic Dermatitis (AD)

For **initial** authorization:

1. Member must be 12 years of age or older; AND
2. Medication must be prescribed by a dermatologist, allergist, or immunologist; AND
3. Member has a documented diagnosis of moderate-to-severe atopic dermatitis; AND
- 4.

For **reauthorization**:

1. Chart notes demonstrate improvement of signs and symptoms such as fewer flares, less itching/erythema, improved quality of life, etc.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Cibinqo (abrocitinib) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

| DATE | ACTION/DESCRIPTION |
|------------|---|
| 01/31/2022 | New policy for Cibinqo created. |
| 02/24/2023 | Updated References. Age indication expanded to include patients as young as 12 years of age. Added trial duration for biologics. Simplified disease state header to exclude moderate to severe. Simplified dosing to include standard population dosing only. |
| 11/16/2023 | Changed trials to two topicals, one topical and phototherapy or one immunomodulator and one topical; changed duration of steroid topicals to 2 weeks, added duration of 6 weeks for TCI, 4 weeks for Eucrisa; added option of Opzelura for 8 weeks duration; changed steroid requirement from high to very high; added reference. |

References:

1. Cibinqo [prescribing information]. New York, NY: Pfizer Inc.; February 2023.
2. Sidbury R, Alikhan A, Bercovitch L, et al. Guidelines of care for the management of atopic dermatitis in adults with