

BACKGROUND & OBJECTIVE

- The expansion of specialty therapies for atopic dermatitis (AD) has transformed clinical care, but access to these treatments is increasingly shaped by utilization management (UM) and other health plan coverage requirements. However, these specific requirements remain poorly understood¹.
- This study examined coverage criteria and cited evidence for AD therapies in US commercial health plan specialty drug coverage policies.

METHODS

Data Source

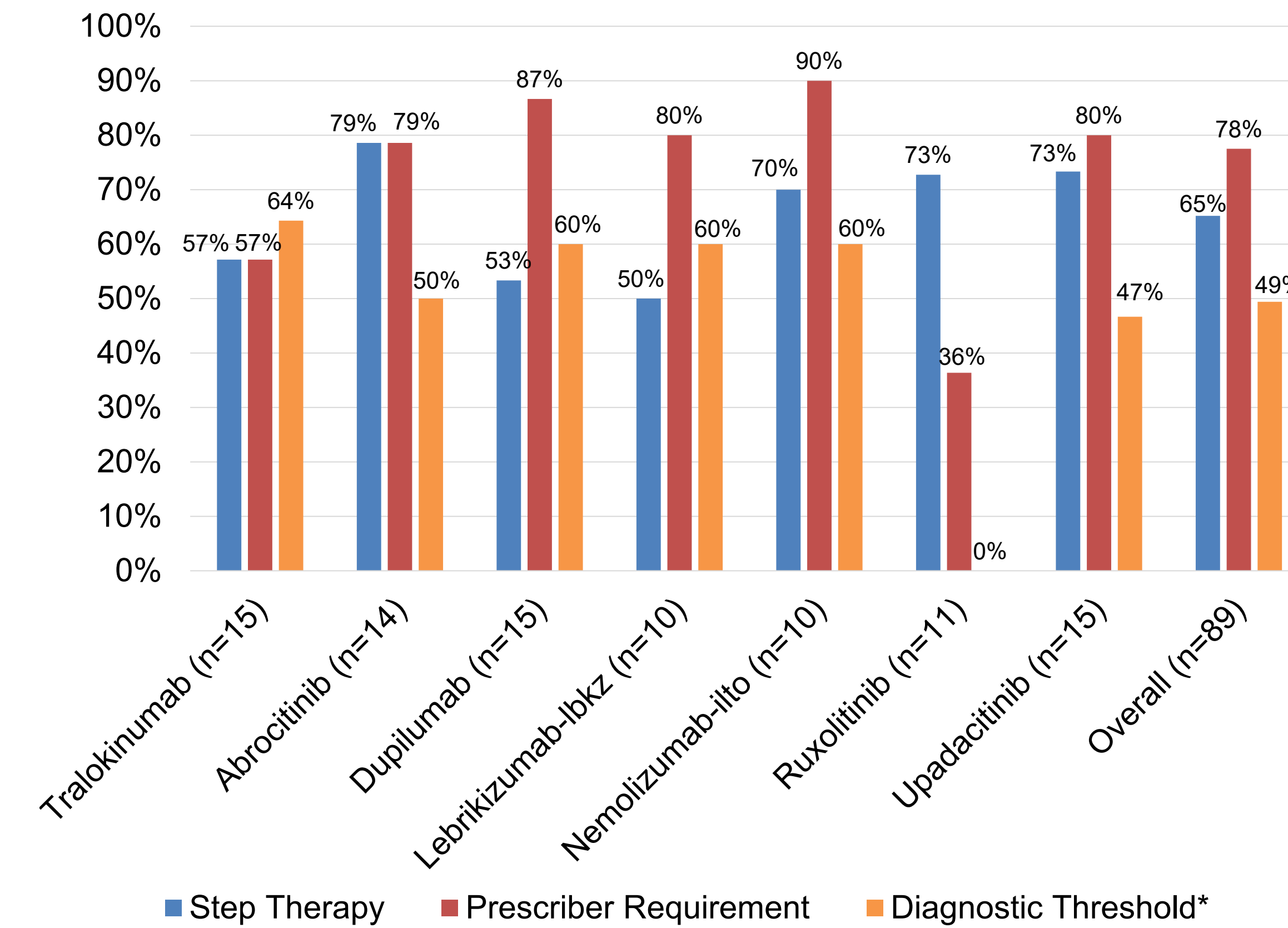
- We used August 2025 coverage data from the Tufts Medical Center Specialty Drug Evidence and Coverage (SPEC) Database, which tracks specialty drug coverage policies across 18 large US commercial health plans.

Analyses

- We conducted three analyses:
 - 1. Cross-Sectional:** We extracted coverage requirements (e.g., diagnostic thresholds, step therapy protocol and prescriber requirements) for 7 AD drugs and stratified results by drug and health plan.
 - 2. Evidence Categorization:** We categorized evidence plans cited in support of coverage policies as clinical guidelines, randomized controlled trials, systematic reviews/ meta-analyses, health technology assessments (HTAs), or other clinical studies.
 - 3. Longitudinal:** We examined dupilumab coverage over time using policies active each August from 2017 to 2025.

RESULTS

Figure 1. Frequency of Coverage Criteria for AD Therapies by Drug, August 2025 (n=89 policies)



* Diagnostic threshold refers to the use of a minimum body surface area, Eczema Area and Severity Index score, Investigator's Global Assessment score, or SCORing Atopic Dermatitis score.

Figure 3. Evidence Cited in AD Coverage Decisions (n=223 citations)

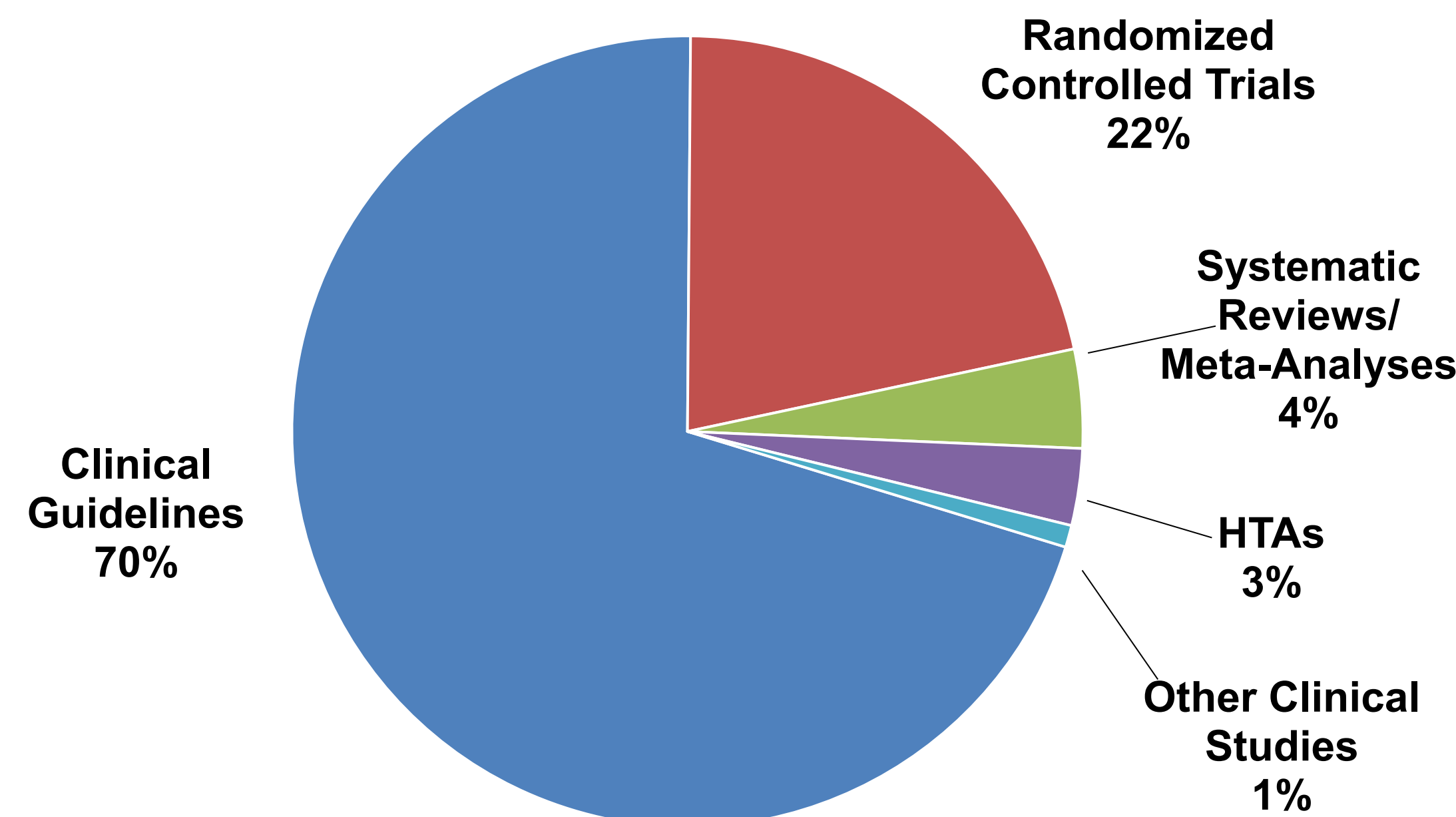
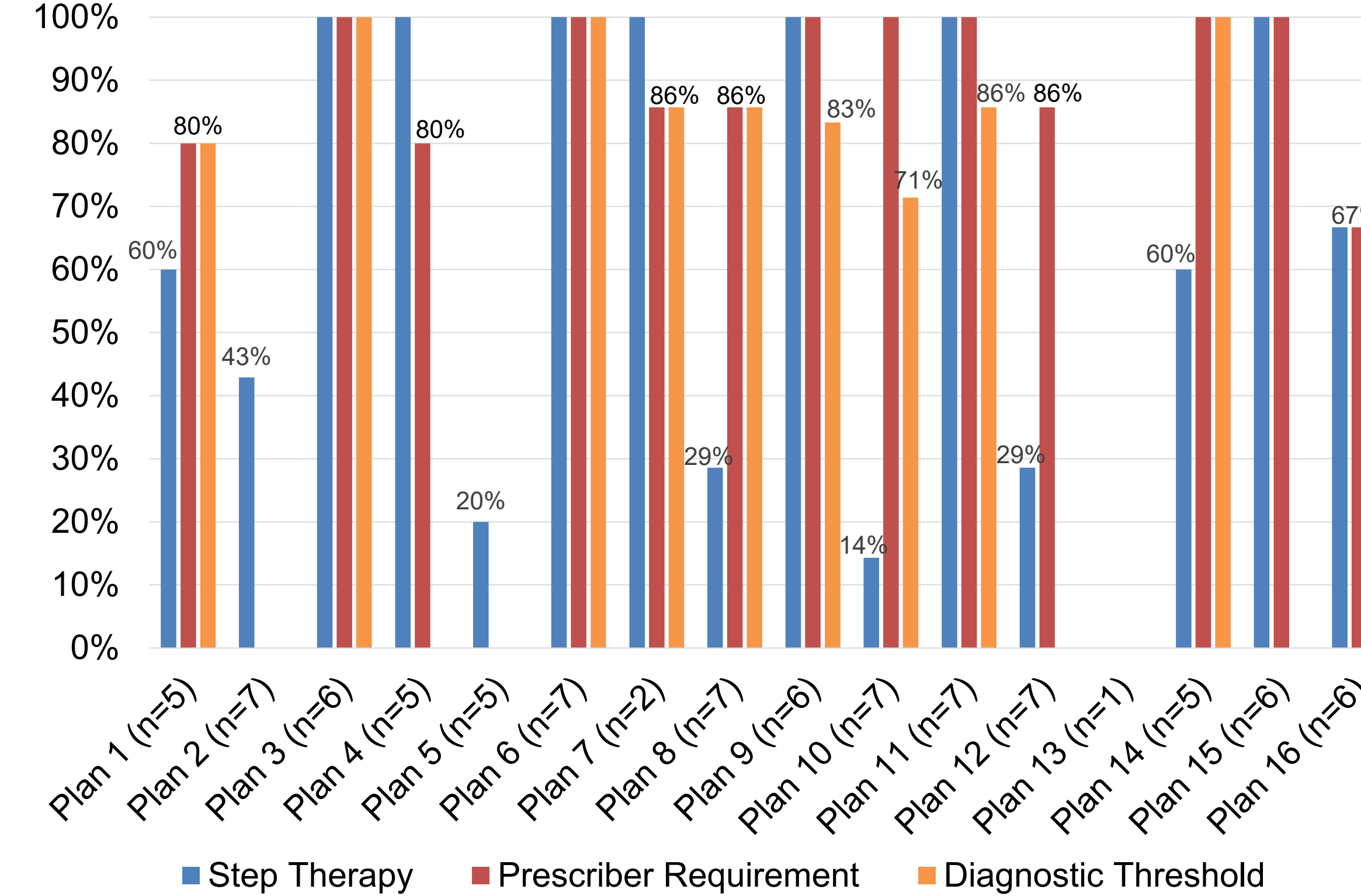
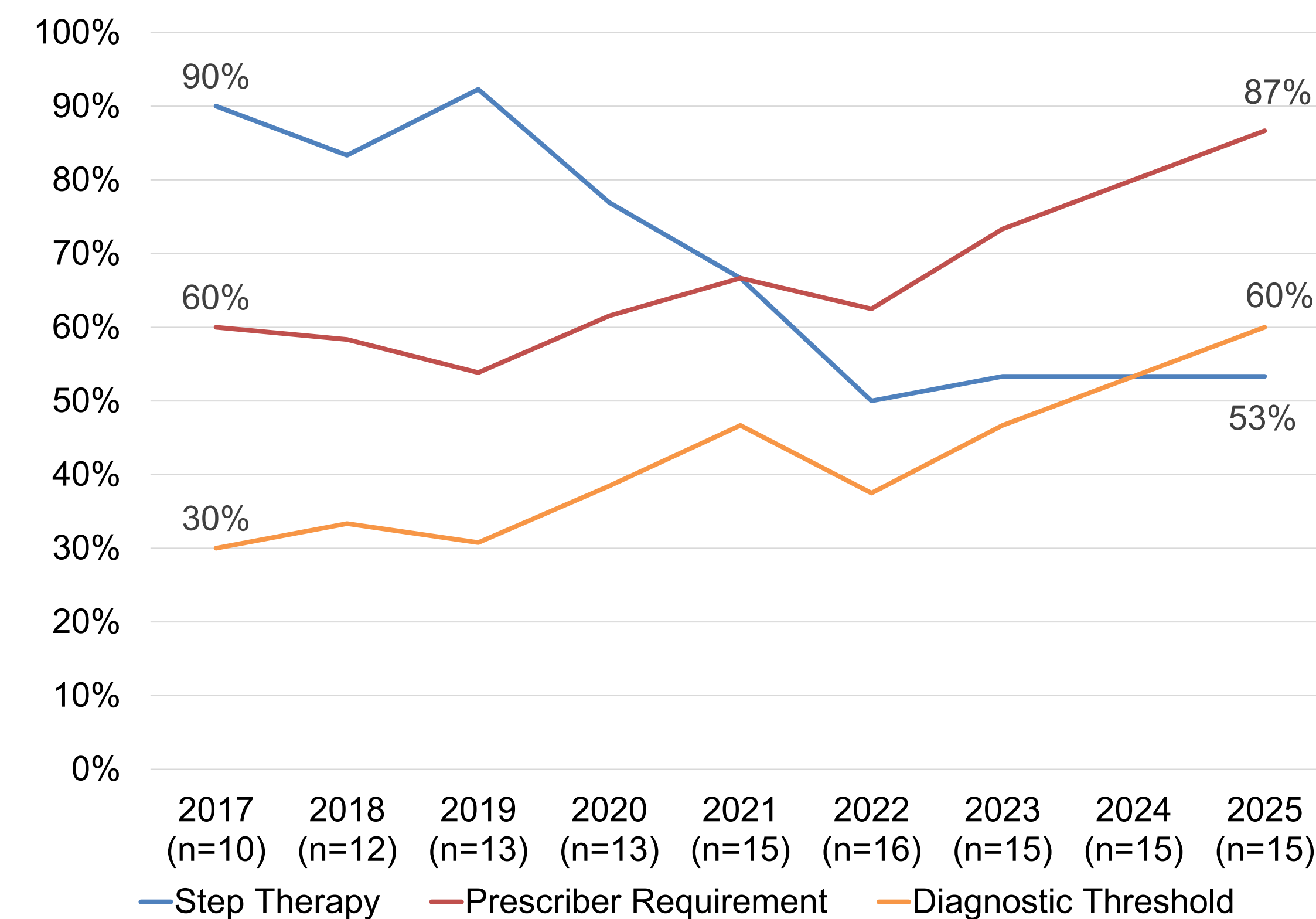


Figure 2. Frequency of Coverage Criteria for AD Therapies by Health Plan, August 2025 (n=89 policies)



*2 health plans did not publish any coverage policies for any drugs in the sample in August 2025.

Figure 4. Dupilumab Coverage Criteria Over Time



CONCLUSION

- Coverage requirements varied considerably across health plans, with health plans applying criteria in 0% to 100% of policies, potentially leading to differences in patient access to AD therapies.
- Health plans most commonly cited clinical guidelines in coverage policies, which accounted for 70% of citations.
- Coverage criteria for dupilumab changed over time. Step therapy became less common, declining from 90% to 53% of policies, while prescriber requirements and diagnostic thresholds increased from 60% to 87% and 30% to 60%, respectively.
- Further research is needed to understand how health plans determine when and how to use coverage criteria, and what role these criteria play in shaping access to therapy.

REFERENCES

1. Carlisle RP, Flint ND, Hopkins ZH, Eliason MJ, Duffin KC, Secret AM. Administrative Burden and Costs of Prior Authorizations in a Dermatology Department. *JAMA Dermatol.* 2020;156(10):1074-1078. doi:10.1001/jamadermatol.2020.1852.

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CONTACT

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