FIRST REPORT MANAGED CARE

FORMULARY FRONTLINES®

Comparative Review of Atopic Dermatitis Therapeutics Coverage Across 3 Major Health Plans

The therapeutic landscape for atopic dermatitis (AD) has expanded rapidly over the past several years, evolving from topical corticosteroids and broad immunosuppressants to targeted biologics and oral immunomodulators designed to interrupt specific inflammatory pathways. While these advances have improved outcomes for patients with moderate-to-severe disease, they have also introduced substantial cost, safety, and utilization considerations for payers.[1]

To better understand how these competing pressures are shaping access, *First Report Managed Care* reviewed the 2026 formularies of Blue Cross Blue Shield (BCBS), Cigna, and UnitedHealthcare. The analysis examined tier placement, prior authorization (PA), step therapy or step process (ST/SP), quantity limits (QL), and dispensing limits (DL) across four therapeutic groupings that reflect how payers appear to conceptualize risk, value, and sequencing in AD care.

Table 1. IL-4 / IL-13 Pathway Biologics (Injectable Systemic Therapies)

Tier 1-5 Plans			
Drug	**Tier**	**Plan**	**Requirement/ Limits**
ADBRY SOAJ 300 mg/2 ml; SOSY 150mg/ml	4	BCBS[8,a]	PA
EBGLYSS SOAJ 250 mg/2 ml; SOSY 250 mg/2 ml	4	BCBS[8,a]	PA
Dupixent (Subcutaneous Solution Auto-Injector)	5	UnitedHealthcare[9,b]	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	5	UnitedHealthcare[9,b]	PA; DL; QL
Ebglyss (Subcutaneous Solution Auto-Injector)	5	UnitedHealthcare[9,b]	PA; DL
Ebglyss (Subcutaneous Solution Prefilled Syringe)	5	UnitedHealthcare[9,b]	PA; DL
Tier 1-3 Plans			
Drug	**Tier**	**Plan**	**Requirement/ Limits**
ADBRY AUTO-INJECTOR, SYRINGE	2	Cigna[10,c]	SP, PA
DUPIXENT	2	Cigna[10,c]	SP, PA
EBGLYSS	2	Cigna[10,c]	SP, PA

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.2

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.4

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs

Abbreviations: BCBS, Blue Cross Blue Shield; SOAJ, Solution Auto-injector; SOSY, Solution, Prefilled Syringe; PA, prior authorization; DL, dispensing limit; QL, quantity limits; SP, step process

Across all 3 plans, IL-4/IL-13 pathway biologics occupy specialty tiers and are uniformly subject to PA, signaling payer recognition of their role as foundational systemic therapies for moderate-to-severe AD.[2] However, variation in tier placement suggests differing philosophies about access optimization.

BCBS positions Adbry and Ebglyss at Tier 4 with PA, indicating a willingness to allow access once diagnostic and severity criteria are met. This approach may reflect a hypothesis that earlier use of targeted biologics can reduce downstream utilization, including repeated topical failures, systemic steroid bursts, and specialist visits.[3] In contrast, UnitedHealthcare's placement of Dupixent and Ebglyss at Tier 5 with additional DL and QL requirements suggests a more conservative stance that prioritizes cost containment and tighter utilization oversight, potentially leveraging contracting or channel controls to manage spend.

Cigna's placement of IL-4/IL-13 biologics in Tier 2—within a 3-tier structure—paired with SP and PA requirements, reflects a different access philosophy. Rather than relying on higher cost sharing, Cigna appears to emphasize administrative gating and sequencing. Once criteria are met, these agents are positioned more favorably from a member cost perspective, suggesting that Cigna may view IL-4/IL-13 biologics as preferred systemic options within a tightly managed pathway, rather than therapies to be discouraged through benefit design.

Taken together, these patterns suggest that payers broadly agree on the clinical value of IL-4/IL-13 inhibition but diverge on how aggressively to gate access versus smooth adoption within defined clinical pathways.

Table 2. Oral JAK Inhibitors (Systemic Small Molecules)

Tier 1-5 Plans			
Drug	**Tier**	**Plan**	**Requirement/ Limits**
RINVOQ TB24 15 mg, 30 mg, 45 mg	4	BCBS[8,a]	PA
RINVOQ LQ SOLN 1 mg/ml	4	BCBS[8,a]	PA
Rinvoq LQ (Oral Solution)	5	UnitedHealthcare[9,b]	PA; DL; QL
Rinvoq (Oral Tablet Extended Release 24 Hour)	5	UnitedHealthcare[9,b]	PA; DL; QL
Tier 1-3 Plans			
RINVOQ	2	Cigna[10,c]	SP, PA, QL
RINVOQ LQ	2	Cigna[10,c]	SP, PA, QL
CIBINQO	2	Cigna[10,c]	SP, PA, QL

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[2]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; DL, dispensing limit; QL, quantity limit; SP, step process

Oral JAK inhibitors are consistently positioned as more tightly managed than biologics, regardless of tier structure, reflecting payer sensitivity to safety concerns and long-term risk uncertainty. Across plans, JAK inhibitors are subject to PA and additional controls such as QL or step requirements that typically require failure of a biologic first.

BCBS and UnitedHealthcare place Rinvoq in higher specialty tiers with PA and, in UnitedHealthcare's case, DL and QL—suggesting a strategy that combines risk mitigation with utilization containment. These controls may reflect payer concern that the oral route of administration could enable broader uptake beyond narrowly defined specialist-managed populations.[4]

Cigna's placement of Rinvoq and Cibinqo in Tier 2 does not imply less restrictive access. Instead, the accompanying SP, PA, and QL requirements indicate that Cigna is using utilization management rather than tiering as its primary control mechanism. This structure supports a hypothesis that Cigna views JAK inhibitors as clinically valuable but appropriate only for a subset of patients with refractory disease, and that lower cost sharing is acceptable once that subset is clearly defined.

Overall, payer behavior suggests that JAK inhibitors are being positioned as later-line options, with restrictions driven more by safety and population-level risk management than by cost alone.[5]

Table 3. Topical Targeted Therapies (Nonsteroidal)

Tier 1-5 Plans			
Drug	**Tier**	**Plan**	**Requirement/ Limits**
OPZELURA CREA 1.5%	3	BCBS[8,a]	PA
EUCRISA OINT 2%	3	BCBS[8,a]	PA
ZORYVE CREA .15%, .3%; FOAM .3%	3	BCBS[8,a]	PA
Zoryve (External Cream)	4	UnitedHealthcare[9,b]	PA; DL
Zoryve (External Foam)	4	UnitedHealthcare[9,b]	PA; DL
Tier 1-3 Plans			
Drug	**Tier**	**Plan**	**Requirement/ Limits**
OPZELURA	3	Cigna[10,c]	PA
EUCRISA	2	Cigna[10,c]	ST
ZORYVE 0.15% CREAM	2	Cigna[10,c]	QL, ST

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[2]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; DL, dispensing limit; ST, step therapy; QL; quantity limit

Nonsteroidal topical therapies occupy an intermediate position across formularies, generally placed in lower tiers than systemic agents but frequently subject to PA or step requirements. This positioning suggests that payers view these agents as tools to manage disease earlier and potentially delay escalation, rather than as unrestricted alternatives to topical corticosteroids.

BCBS's consistent mid-tier placement with PA across Opzelura, Eucrisa, and Zoryve suggests a strategy that allows access while ensuring appropriate patient selection. UnitedHealthcare's higher tiering and DL requirements for Zoryve indicate greater caution, potentially reflecting concerns about prolonged use or substitution for systemic therapy. Cigna's use of step therapy—particularly for Eucrisa and Zoryve—signals a preference for sequenced topical management, reinforcing the role of these agents as part of a controlled escalation pathway.[6]

Collectively, these patterns imply that payers are using topical targeted therapies as utilization checkpoints, reinforcing stepwise care while preserving control over when patients advance to higher-cost systemics.

Table 4. Traditional Systemic Immunosuppressants

Tier 1-5 Plans			
Drug	**Tier**	**Plan**	**Requirement/ Limits**
methotrexate sodium sln 1 mg/ 40 ml, 50 mg/2 ml, 250 mg/10 ml; solr 1 mg; tabs 2.5 mg	1	BCBS[8,a]	
cyclosporine caps 25 mg, 100 mg	1	BCBS[8,a]	
cyclosporine modified (for micro-emulsion) caps 25 mg, 50 mg, 100 mg; soln 100 mg/ml	1	BCBS[8,a]	
Azathioprine tabs 50 mg, 75 mg, 100 mg	1	BCBS[8,a]	
Mycophenolate mofetil caps 250 mg; susr 200 mg/ml; tabs 500 mg	1	BCBS[8,a]	
Methotrexate Sodium (50 mg/ 2 ml Injection Solution Prefilled Syringe)	2	UnitedHealthcare[9,b]	
Methotrexate Sodium (50 mg/2 ml Injection Solution)	2	UnitedHealthcare[9,b]	
Methotrexate Sodium (Oral Tablet)	1	UnitedHealthcare[9,b]	
Cyclosporine Modified (Oral Capsule)	3	UnitedHealthcare[9,b]	B/D, PA
Cyclosporine Modified (Oral Solution)	3	UnitedHealthcare[9,b]	B/D, PA
Cyclosporine (Oral Capsule)	3	UnitedHealthcare[9,b]	B/D, PA
Azathioprine (50 mg Oral Tablet)	2	UnitedHealthcare[9,b]	B/D, PA
Mycophenolate Mofetil (Oral Capsule)	3	UnitedHealthcare[9,b]	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	4	UnitedHealthcare[9,b]	B/D, PA; DL
Mycophenolate Mofetil (Oral Tablet)	3	UnitedHealthcare[9,b]	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	4	UnitedHealthcare[9,b]	B/D, PA; DL
Tier 1-3 Plans			
Methotrexate tablet; 50 mg/2 ml, 250 mg/10 ml, 1 gram/40 ml vial	1	Cigna[10,c]	
Mycophenolate capsule, oral suspension, tablet	1	Cigna[10,c]	SP

[a] Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[2]

[b] Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[4]

[c] Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs

Abbreviations: BCBS, Blue Cross Blue Shield; B/D, Medicare Part B or Part D; PA, prior authorization; DL, dispensing limit; SP, step process

Traditional systemic immunosuppressants remain broadly accessible at low tiers across plans, reflecting their low acquisition cost rather than their desirability for long-term disease control. Their continued inclusion—and frequent appearance in PA criteria—suggests that payers value these agents primarily as reference points within step-therapy frameworks.

By maintaining access to methotrexate, cyclosporine, azathioprine, and mycophenolate, plans preserve the ability to require demonstration of systemic treatment failure before approving biologics or JAK inhibitors. This approach supports a payer hypothesis that documented failure of low-cost options justifies specialty spend, even as real-world use of these agents declines due to tolerability and safety concerns.[7]

Conclusion

Across BCBS, Cigna, and UnitedHealthcare, formulary placement for atopic dermatitis therapies reflects a shared commitment to structured escalation rather than open access. IL-4/IL-13 biologics serve as the primary systemic foundation, oral JAK inhibitors are deliberately constrained due to safety and utilization considerations, and topical targeted therapies are positioned to manage disease earlier and delay progression to higher-cost treatments.

Differences in tier placement—particularly between Cigna's 3-tier model and the 5-tier structures used by BCBS and UnitedHealthcare—suggest that payers are making distinct strategic choices about whether to rely more heavily on cost sharing or administrative controls. Taken together, these patterns indicate that payer strategies in AD are less about limiting innovation and more about controlling the order, pace, and context in which new therapies are adopted.

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