

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Elidel (pimecrolimus) and Protopic (tacrolimus)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	3 months

Medications	Quantity Limit
Elidel (pimecrolimus)	100 grams per 90 days
Protopic (tacrolimus)	100 grams per 90 days

### APPROVAL CRITERIA

Requests for Elidel or Protopic 0.03% may be approved for the following:

- I. Individual is equal to or greater than 2 years of age **AND**
- II. Individual has had a trial of and inadequate response or intolerance to one topical prescription corticosteroid; **OR**
- III. Use of a topical prescription corticosteroid agent may not be appropriate due to concomitant clinical situations such as but not limited to the following (AAD 2014):
  - A. Individual has atopic dermatitis recalcitrant to topical corticosteroids; **OR**
  - B. Individual has atopic dermatitis lesions in sensitive areas (such as face, anogenital area or skin folds); **OR**
  - C. Individual has steroid-induced atrophy; **OR**
  - D. Individual has history of long-term or uninterrupted topical steroid use.

Requests for Protopic 0.1% may be approved for the following:

- I. Individual is equal to or greater than ( $\geq$ ) 16 years of age; **AND**
- II. Individual has had a trial of and inadequate response or intolerance to one topical prescription corticosteroid; **OR**
- III. Use of topical prescription corticosteroid agent may not be appropriate due to concomitant clinical situations such as but not limited to the following (AAD 2014):
  - A. Individual has atopic dermatitis recalcitrant to topical corticosteroids; **OR**
  - B. Individual has atopic dermatitis lesions in sensitive areas (such as face, anogenital area or skin folds); **OR**
  - C. Individual has steroid-induced atrophy; **OR**
  - D. Individual has history of long-term or uninterrupted topical steroid use.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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**Note: Elidel (pimecrolimus) and Protopic (tacrolimus) both have a black box warning for malignancy (for example, skin and lymphoma). Continuous long-term use of any age and application to areas not involved with atopic dermatitis should be avoided. Use of Elidel and Protopic 0.03% should be limited to individuals aged 2 years or older. Protopic 0.1% is not indicated for use in children less than 16 years of age.**

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2015. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 9, 2015.

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Eichenfield LL. Guidelines of care for the management of atopic dermatitis: section 2. Management and treatment of atopic dermatitis with topical therapies.. Journal of the American Academy of Dermatology. 2014-01;71:116.

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