

**ARCBBS ELIDEL (PIMECROLIMUS) PA**

**FDA-APPROVED INDICATIONS**

Elidel (pimecrolimus) Cream, 1% is indicated as second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adults and children 2 years of age and older, who have failed to respond adequately to other topical prescription treatments, or when those treatments are not advisable.

Elidel Cream, 1% is not indicated for use in children less than 2 years of age.

**Compendial Uses**

Psoriasis<sup>3</sup> - on the face, genitals, or skin folds<sup>6</sup>

Atopic Dermatitis for patients under 2 years of age<sup>4,5</sup>

**SCREEN OUT LOGIC\***

*\*Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 14 day supply of at least one corticosteroid of medium or higher potency within the past 180 days (see examples in Table 1) under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the screen out logic, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**TABLE 1: EXAMPLES OF TOPICAL CORTICOSTEROIDS FOR TREATMENT OF ATOPIC DERMATITIS <sup>2,3,4</sup>**

<b>Potency</b>	<b>Drug</b>
Medium Potency	betamethasone dipropionate lotion, spray 0.05%
	betamethasone valerate crm/lotion 0.1%/foam 0.12%
	clocortolone pivalate crm 0.1%
	desonide lotion, ointment 0.05%
	desoximetasone crm 0.05%
	fluocinolone acetonide crm/oint/kit 0.025%
	flurandrenolide crm/oint/lotion 0.05%
	fluticasone propionate crm/lotion 0.05%/ointment 0.005%
	hydrocortisone butyrate cream/lipocream/lotion/oint/soln 0.1%
	hydrocortisone probutate crm 0.1%
	hydrocortisone valerate crm/oint 0.2%
	mometasone furoate crm/lotion/solution 0.1%
	prednicarbate crm/oint 0.1%
	triamcinolone acetonide crm/oint/lotion/kit 0.1%
	triamcinolone acetonide crm/oint/lotion 0.025%
	triamcinolone acetonide ointment 0.05%
High Potency	amcinonide crm/oint/lotion 0.1%
	betamethasone dipropionate crm/oint 0.05%
	betamethasone dipropionate augmented crm/lotion 0.05%
	betamethasone valerate oint 0.1%
	desoximetasone crm/oint/spray 0.25%/gel/oint 0.05%
	diflorasone diacetate crm (emollient base) 0.05% diflorasone cream 0.05%
	halcinonide crm/oint 0.1%
	fluocinonide crm/emulsified cream/oint/gel/soln 0.05%
	mometasone furoate oint 0.1%
	triamcinolone acetonide crm/oint 0.5%
triamcinolone acetonide aerosol soln 0.147 mg/g	
Very High Potency	betamethasone dipropionate augmented oint/gel 0.05%
	clobetasol propionate crm/oint/foam/shampoo/gel/lotion/soln/spray 0.05%/cream 0.025%
	diflorasone diacetate oint 0.05%
	flurandrenolide tape 4mcg/cm <sup>2</sup>
	halobetasol propionate crm/oint/lotion/kit 0.05%
fluocinonide crm 0.1%	

**COVERAGE CRITERIA**

### **Atopic Dermatitis**

Authorization may be granted when the requested drug is being prescribed for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (eczema) when ONE of the following criteria are met:

- The patient is less than 2 years of age
- The requested drug will be used on sensitive skin areas (e.g., face, genitals, or skin folds)
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least ONE first line therapy agent (e.g., medium or higher potency topical corticosteroid)

### **Psoriasis**

Authorization may be granted when the requested drug is being prescribed for psoriasis on the face, genitals, or skin folds.

## **CONTINUATION OF THERAPY**

### **Atopic Dermatitis**

Authorization may be granted when the requested drug is being prescribed for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (eczema) when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement [e.g., improvement in or resolution of any of the following signs and symptoms: erythema (redness), edema (swelling), xerosis (dry skin), erosions, excoriations (evidence of scratching), oozing and crusting, lichenification (epidermal thickening), OR pruritus (itching)]

### **Psoriasis**

Authorization may be granted when the requested drug is being prescribed for psoriasis on the face, genitals, or skin folds when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., clear, or almost clear outcome, patient satisfaction, etc.)

## **DURATION OF APPROVAL (DOA)**

- 2 years of age and older: Initial therapy DOA: 3 months; Continuation of therapy DOA: 12 months
- Less than 2 years of age: DOA: 3 months
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## **REFERENCES**

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2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed February 12, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 02/12/2024).
4. Eichenfield LF, Tom WL, et al. Guidelines of Care for the Management of Atopic Dermatitis: Section 2. Management and Treatment of Atopic Dermatitis with Topical Therapies. *J Am Acad Dermatol*. 2014 Jul;71:116-32.
5. Sigurgeirsson B, Boznanski A, et al. Safety and Efficacy of Pimecrolimus in Atopic Dermatitis: A 5-Year Randomized Trial. *Pediatrics*. 2015;135(4): 594-606.
6. Elmets CA, Korman NJ, Prater EF, et al. Joint AAD-NPF Guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol*. 2021 Feb;84(2):432-470.
7. Eichenfield LF, Tom WL, et. al. Guidelines of Care for the Management of Atopic Dermatitis: Section 1. Diagnosis and Assessment of Atopic Dermatitis. *J Am Acad Dermatol* 2014; 70:338-51.
8. Sidbury RS, Alikhan A, Berovitch L, et al. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. *J Am Acad Dermatol*. 2023; 89(1): e1-e20.