CareFirst Family of health care plans

CVS caremark™

STEP THERAPY CRITERIA

BRAND NAME
(generic)

ELIDEL
(pimecrolimus)

Status: CVS Caremark Criteria
Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Elidel is indicated as second-line therapy for the short-term and noncontinuous 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 is not indicated for use in children less than 2 years of age.

Compendial Uses:
Psoriasis on the face, genitals, or skin folds. [2,3,5,6]
Vitiligo on the head or neck.[2,7,8]

INITIAL STEP THERAPY

If the patient has filled a prescription for a 14 day supply of at least one corticosteroid of medium or higher potency within the past 180 days (see 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 initial step therapy criteria, 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 [3,10,11]

Medium Potency	betamethasone valerate crm/lotion 0.1%/foam 0.12%	High Potency	amcinonide crm/oint/lotion 0.1%
	betamethasone dipropionate lotion 0.05%		betamethasone dipropionate crm/oint 0.05%
	clocortolone pivalate crm 0.1%		betamethasone dipropionate augmented crm/lotion 0.05%
	desonide lotion, ointment 0.05%		betamethasone valerate oint 0.1%
	desoximetasone crm 0.05%		desoximetasone crm/oint/spray 0.25%/gel/oint 0.05%
	fluocinolone acetonide crm/oint/kit 0.025%		diflorasone diacetate crm (emollient base) 0.05%
	flurandrenolide crm/oint/lotion 0.05%		halcinonide crm/oint 0.1%
	flurandrenolide tape 4mcg/cm^2		fluocinonide crm/oint/gel/soln 0.05%
	fluticasone propionate crm/lotion 0.05%/oint 0.005%		triamcinolone acetonide crm/oint 0.5%
	hydrocortisone butyrate oint/soln/lotion/cream 0.1%	Very High Potency	betamethasone dipropionate augmented oint/gel 0.05%

	hydrocortisone probutate crm 0.1%		clobetasol propionate crm/oint/foam/shampoo/gel/lotion/soln/spray 0.05%
	hydrocortisone valerate crm/oint 0.2%		diflorasone diacetate oint 0.05%
	mometasone furoate crm/oint/lotion 0.1%		halobetasol propionate crm/oint 0.05%
	prednicarbate crm/oint 0.1%		fluocinonide crm 0.1%
	triamcinolone acetonide aerosol soln 0.147 mg/g		
	triamcinolone acetonide crm/oint/lotion/kit 0.1%		
	triamcinolone acetonide crm/oint/lotion 0.025%		
	triamcinolone acetonide ointment 0.05%		

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for psoriasis on the face, genitals, or skin folds, or vitiligo on the head or neck
  OR
- The requested drug is being prescribed for mild to moderate atopic dermatitis (eczema)
  AND
  - The requested drug will be used on the face, body skin folds, genital area, armpit, or around the eyes
    OR
  - 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 steroid)
    OR
  - The patient is less than 2 years of age

REFERENCES

1. Elidel [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; August 2014.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed March 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed March 2017.
4. Eichenfield L, Tom W, et al. Guidelines of Care for the Management of Atopic Dermatitis. *J Am Acad Dermatol.* 2014;71:116-32.
5. Menter A, Korman N, et al. Guidelines of Care for the Management of Psoriasis and Psoriatic Arthritis. *J Am Acad Dermatol*. 2009; 60(4): 643-659.
6. Gribetz C, Ling M, Lebwohl M, et al, Pimecrolimus cream 1% in the treatment of intertriginous psoriasis: A double-blind, randomized study. *J Am Acad Dermatol.* 2004; 51:731-8.
7. Taieb A, Alomar M, et al. Guidelines for the Management of Vitiligo: The European Dermatology Forum Consensus. *The British Journal of Dermatology.* 2013;168(1):5-19.
8. Bordere AC, Lambert J, et al. Current and Emerging Therapy for the Management of Vitiligo. *Clinical, Cosmetic, and Investigational Dermatology.* 2009:2 15-25.
9. 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.
10. Topical Corticosteroids. *Drug Facts and Comparisons.* Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health Inc; 2014. Accessed March 2017.
11. Jacob, S, Steele T. Corticosteroid Classes: A Quick Reference Guide Including Patch Test Substances and Cross-Reactivity. *J Am Acad Dermatol*. 2006; 54: 723-727.