

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ELIDEL
(pimecrolimus)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Elidel 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 is not indicated for use in children less than 2 years of age.

Compendial/Off label Uses

Psoriasis³ - on the face, genitals, or skin folds⁶

Atopic Dermatitis for patients under 2 years of age^{4, 5}

Vitiligo on the head or neck^{7, 8}

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 sensitive skin areas (e.g. face, genitals, or skin folds)**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 corticosteroid)**OR**
 - The patient is less than 2 years of age

REFERENCES

1. Elidel [package insert]. Bridgewater, NJ: Bausch Health US, LLC; September 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed February 25, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 25, 2021.
4. Eichenfield L, Tom W, Berger T, et al. Guidelines of Care for the Management of Atopic Dermatitis. *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. Whitton M, Pinart M, Batchelor J, et al. Interventions for vitiligo. *Cochrane Database of Systematic Reviews* 2015, Issue 2. Art. No.: CD003263.
8. 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.

