

# PRIOR AUTHORIZATION CRITERIA

<b>BRAND NAME (generic)</b>	<b>ELIDEL (pimecrolimus)</b>
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**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### COVERAGE CRITERIA

- Elidel (pimecrolimus) will be covered with prior authorization when the following criteria are met:
  - The patient is 2 years of age or older
    - AND**
    - Elidel is being prescribed for short-term or noncontinuous chronic use for one of the following: psoriasis on the face, genitals, or skin folds, vitiligo on the head or neck
    - OR**
    - Elidel is being prescribed for short-term or noncontinuous chronic use for mild to moderate atopic dermatitis (eczema)
      - AND**
      - Elidel 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 medium or higher potency topical steroid
- OR**
- The patient is less than 2 years of age
  - AND**
  - Elidel is being prescribed for short-term or noncontinuous chronic use for one of the following: psoriasis on the face, genitals, or skin folds, vitiligo on the head or neck
  - OR**
  - Elidel is being prescribed for short-term or noncontinuous chronic use for mild to moderate atopic dermatitis (eczema)

### REFERENCES

1. Assurant Health Prior Authorization Approval Policy.