Atopic Dermatitis Agents –
Topical Immunosuppressive

WA.PHAR.42 Atopic Dermatitis Agents Topical Immunosuppressives

Related medical policies:

- **Atopic Dermatitis Agents – Topical Phosphodiesterase 4 (PDE4) Inhibitors**
- **Atopic Dermatitis Agents – Monoclonal Antibodies**

Background:

Atopic dermatitis (AD) is a chronic, non-contagious, inflammatory disease of the skin resulting from a combination of genetic and environmental factors. Often referred to as "eczema," it is characterized by extremely dry, itchy skin on the insides of the elbows, behind the knees, and on the face, hands, and feet.

Medical necessity

Drug	Medical Necessity
pimecrolimus (Elidel®) tacrolimus (Protopic®)	Topical Immunosuppressive may be considered medically necessary when: Used for the treatment of atopic dermatitis in patients 2 years of age and older

Clinical policy:

Drug	Clinical Criteria (Initial Approval)
pimecrolimus (Elidel®) tacrolimus (Protopic®)	Pimecrolimus (Elidel®) and tacrolimus (Protopic®)may be covered when ALL of the following are met: 1. Diagnosis of atopic dermatitis (eczema) 2. History of failure (failure to achieve and maintain remission of disease), contraindication, intolerance or clinically inappropriate to use of 2 topical corticosteroids for daily treatment of minimum 14-days each a. Children and adolescents: Failure of 2 medium potency corticosteroids in the previous 6 months, unless member has contraindication(s) to all PDL topical corticosteroid; b. Adults: Failure of 2 high or very high potency corticosteroids in the previous 6 months, unless member has contraindication(s) to all PDL topical corticosteroids; 3. Greater than or equal to (≥) 2 years of age 4. NONE of the following: a. Immunocompromised b. Less than (<) 2 years of age 5. Dose limits (exception for prescriptions written by dermatologist):

	a. Elidel® and tacrolimus 0.03%: greater than or equal to (≥) 2 years of age b. Tacrolimus 0.1%: Greater than or equal to (≥) 16 years of age **Approve for 3 months**
	Criteria (Reauthorization)
	Documentation of positive clinical response **Approve for 6 months**

Dosage and quantity limits

Drug Name	Dose and Quantity Limits
pimecrolimus (Elidel®)	#1 (15g) tube per 28-days
tacrolimus (Protopic®) 0.03%	#1 (30g) tube per 28-days
tacrolimus (Protopic®) 0.1%	#1 (30g) tube per 28-days

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