



**UnitedHealthcare Individual & Family ACA Marketplace Plans  
Clinical Pharmacy Program Guidelines for Topical Calcineurin Inhibitors**

Program	Step Therapy
Medication	Pimecrolimus (generic Elidel) and Tacrolimus (generic Protopic)
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	6/2023
Effective Date	8/2023

**1. Background:**

Pimecrolimus (generic 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.

Tacrolimus (generic Protopic) is indicated as second-line therapy for the short-term and non-continuous chronic treatment of moderate to severe atopic dermatitis in non-immunocompromised adults and children, who have failed to respond adequately to other topical prescription treatments for atopic dermatitis or when those treatments are not advisable.

**2. Coverage Criteria<sup>a</sup>:**

A. Pimecrolimus (generic Elidel) or tacrolimus (generic Protopic) will be approved based on **ONE** of the following criteria:

- 1) History of failure, contraindication, or intolerance to **one** of the following topical corticosteroids:
  - a. mometasone furoate cream, ointment, or solution (generic Elocon)
  - b. fluocinolone acetonide cream, ointment, or solution (generic Synalar)
  - c. fluocinonide cream, gel, ointment, or solution (generic Lidex)

**-OR-**

- 2) Drug is being prescribed for the facial or groin area

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

**4. References:**

1. Elidel [package insert]. Bridgewater, NJ. Bausch Health; September 2020.
2. Protopic [package insert]. Madison, NJ: LEO Pharma Inc; February 2019.

Program	Step Therapy – Topical Calcineurin Inhibitors
<b>Change Control</b>	
9/2017	New program.
9/2018	Annual Review. Updated references.
8/2019	Annual Review. Updated references, adding citation for the American Academy of Dermatology recommendation. Added statement regarding use of automated processes. Added statement that purpose of step therapy is to promote lower cost alternatives. Corrected spelling and formatting.
10/2020	Renamed policy to Topical Calcineurin Inhibitors, revised background, removed brands Elidel and Protopic, and specified alternative generic topical corticosteroid formulations.
9/2021	Updated references. Removed automation language from background.
2/2022	Updated background and references.
6/2023	Annual review, no changes to clinical content.