Therapeutic Class Code: Q5K, T0I  
Therapeutic Class Description: Topical Anti-inflammatory Medications Calcineurin Inhibitors, Topical Anti-inflammatory Medications, Phosphodiesterase-4 (PDE4) Inhibitors

<table>
<thead>
<tr>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elidel®, pimecrolimus cream</td>
</tr>
<tr>
<td>Protopic®, tacrolimus ointment</td>
</tr>
<tr>
<td>Eucrisa®</td>
</tr>
<tr>
<td>Opzelura™</td>
</tr>
</tbody>
</table>

Criteria:

**Elidel®, pimecrolimus cream, Protopic® 0.03%, and tacrolimus 0.03%**

- Beneficiary has tried and failed on at least one prescription topical corticosteroid and beneficiary is 2 years old or older.
  
  OR

- Beneficiary has a documented adverse reaction or contraindication that precludes trial of one topical corticosteroid.

**Eucrisa®:**

- Beneficiary has tried and failed on at least one prescription topical corticosteroid and beneficiary is 3 months of age or older.

  OR

- Beneficiary has a documented adverse reaction or contraindication that precludes trial of one topical corticosteroid.

**Protopic® 0.1%, tacrolimus 0.1%:**

- Beneficiary has tried and failed on at least one prescription topical corticosteroid and beneficiary is 18 years old or older.

  OR

- Beneficiary has a documented adverse reaction or contraindication that precludes trial of one topical corticosteroid.

Procedures:

- May be approved for up to 1 year.
Opzelura™:

**Initial Approval:**
- Recipient is ≥ 12 years old; **AND**
- Recipient has a diagnosis of mild to moderate atopic dermatitis; **AND**
- Recipient is NOT immunocompromised; **AND**
- Recipient has had a trial and failure, contraindication, or intolerance to ≥ 2 of the following classes:
  - Prescription topical corticosteroids
  - Topical calcineurin inhibitor (e.g., pimecrolimus or tacrolimus)
  - Topical phosphodiesterase-4 inhibitor (e.g., crisaborole)

Procedures: Duration of Initial Approval: 8 weeks

**Renewal Criteria:**
- Recipient must continue to meet the above criteria; **AND**
- Recipient must have disease improvement and/or stabilization; **AND**
- Recipient has NOT experienced serious treatment-related adverse events (e.g., serious infections, lymphoma or other malignancies, non-melanoma skin cancer, major adverse cardiovascular events [MACE], thrombosis, thrombocytopenia, anemia, neutropenia; or lipid elevations).

Procedures: Duration of Renewal: 1 year
## References


Anti-Inflammatory Medications

Criteria Change Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/08/2009</td>
<td>Criteria effective date</td>
</tr>
<tr>
<td>06/13/2017</td>
<td>Add Eucrisa®</td>
</tr>
<tr>
<td>10/17/2017</td>
<td>Add Dupixent®</td>
</tr>
<tr>
<td>06/14/2019</td>
<td>Moved Dupixent® to the Monoclonal Antibody Criteria</td>
</tr>
<tr>
<td>06/14/2019</td>
<td>Added generic pimecrolimus, changed to try and fail one steroid instead of two, changed “patient” to “beneficiary”.</td>
</tr>
<tr>
<td>10/21/2020</td>
<td>Updated age for Eucrisa from 2 years to 3 months or older Changed to try and failure of one prescription topical corticosteroid</td>
</tr>
<tr>
<td>07/15/2022</td>
<td>Added Opzelura</td>
</tr>
</tbody>
</table>