Topical Anti-Inflammatory Medications

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>
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</thead>
<tbody>
<tr>
<td>Elidel® pimecrolimus cream</td>
</tr>
<tr>
<td>Protopic® tacrolimus ointment</td>
</tr>
<tr>
<td>Eucrisa®</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.
NC Medicaid
Medicaid and Health Choice
Outpatient Pharmacy
Effective Date: December 8, 2009
Prior Approval Criteria
Amended Date: October 21, 2020
Topical Anti-Inflammatory Medications

References


NC Medicaid Medicaid and Health Choice
Outpatient Pharmacy Effective Date: December 8, 2009
Prior Approval Criteria Amended Date: October 21, 2020
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**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</td>
</tr>
<tr>
<td></td>
<td>Changed to try and failure of one prescription topical corticosteroid</td>
</tr>
</tbody>
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