



Drug Name: Pimecrolimus cream 1%

Reviewed: 3/2020

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| Required Medical Information: | <ul style="list-style-type: none">• The member has trialed and experienced an inadequate treatment response or intolerance to formulary tacrolimus ointment |
| Quantity Limit: | 30 grams per fill and 120 grams per 30 days |
| Coverage Duration: | 12 months |
| Coding Logic for Step Therapy: | Pimecrolimus cream 1% will pay if there is at least one paid claim within the last 365 days of formulary tacrolimus ointment 0.03% or 0.1% |