

Drug Name: Elidel (pimecrolimus) Date: 9-2017

| Drug Name:                    | Elidel (pimecrolimus)                                                                                                                                                                                                                                                                                                                                                    |
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| Prescriber Restrictions:      |                                                                                                                                                                                                                                                                                                                                                                          |
| Age Restrictions:             |                                                                                                                                                                                                                                                                                                                                                                          |
| Exclusion Criteria:           |                                                                                                                                                                                                                                                                                                                                                                          |
| Required Medical Information: | <ul> <li>Patient has failed a recent trial of at least two generic topical steroid (Class V to I) drugs due to inadequate response and/or intolerance within the previous 90 days unless contraindicated and</li> <li>Patient has failed a recent trial of tacrolimus ointment due to inadequate response and/or intolerance unless otherwise contraindicated</li> </ul> |
| Note(s):                      | *Classes $V$ to I topical steroids include medium, high and very high potency steroids                                                                                                                                                                                                                                                                                   |
| Coverage duration:            | 3 months                                                                                                                                                                                                                                                                                                                                                                 |