Preferred Medications
- topical corticosteroids (brand or generic)
- generic tacrolimus 0.03% or 0.1% ointment

Non-Preferred Medications
- Elidel® (pimecrolimus 1% cream)
- Protopic® (tacrolimus 0.03% and 0.1% ointment)

Policy Statement
A step therapy program has been developed to encourage the use of a topical corticosteroid (brand or generic) prior to the use of Elidel or Protopic. If the step therapy rule is not met for a non-preferred agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 6 months in duration.

Automation: This program uses one topical steroid (brand or generic) in the previous 130 days as a surrogate marker for recommended use of Elidel or Protopic. This policy also contains automation for patients who have received generic tacrolimus 0.03% and 0.1% ointment. If criteria for use of one topical steroid or generic tacrolimus within the last 130 days (automated) are not met at the point of service, coverage will be determined by the step therapy criteria below.

Preferred Step Therapy Criteria
1. If the patient has tried a preferred medication, then authorization for a non-preferred medication may be given.