

**NC Medicaid
Outpatient Pharmacy
Prior Approval Criteria
Anti-Inflammatory Medications**

**Medicaid and Health Choice
Effective Date: December 8, 2009
Amended Date:**

DRAFT

Therapeutic Class Code: Q5K, T0I

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

Medication	Generic Code Number(s)	NDC Number(s)
Elidel® pimecrolimus cream	15348	
Protopic®, tacrolimus ointment	12289, 12302	
Eucrisa®	42792	

Criteria:

Elidel®, pimecrolimus cream, Protopic® 0.03%, and tacrolimus 0.03%, and Eucrisa®:

- ~~For areas other than groin or face, failed one topical corticosteroid in highest any potency class and beneficiary is greater than 2 years of age.~~
- ~~For groin and face failed one topical corticosteroid in any potency class and beneficiary is greater than 2 years of age.~~
- 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:

- ~~For areas other than groin or face, failed one topical corticosteroid in highest potency class and beneficiary is greater than 2 years of age.~~
~~For groin and face failed one topical corticosteroid in any potency class and beneficiary is greater than 2 years of age.~~
- 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%:

- ~~For areas other than groin or face, failed one topical corticosteroid in highest potency class and beneficiary is greater than 18 years of age.~~

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- ~~For groin and face failed one topical corticosteroid in any potency class and beneficiary is greater than 18 years of age.~~
 - 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.

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References

1. Novartis Pharmaceuticals Corp., Elidel package insert. East Hanover, New Jersey 07936; May 2009.
2. Astellas Pharma US, INC. Protopic package insert. Deerfield, IL 60015-2548 ; June 2009.
3. Anacor Pharmaceuticals, INC., Eucrisa package insert. Palo Alto, California: December 2016. Updated March 2020.

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Criteria Change Log

12/08/2009	Criteria effective date
06/13/2017	Add Eucrisa®
10/17/2017	Add Dupixent®
06/14/2019	Moved Dupixent® to the Monoclonal Antibody Criteria
06/14/2019	Added generic pimecrolimus, changed to try and fail one steroid instead of two, changed “patient” to “beneficiary”.
Xx/xx/xxxx	Updated age for Eucrisa from 2 years to 3 months or older Changed to try and failure of one prescription topical corticosteroid