

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Topical Immunomodulators****Clinical Edit Information Included in this Document****Topical Immunomodulators – Elidel and Protopic 0.03%**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Topical Immunomodulators – Protopic 0.1%

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- In the "Clinical Edit Criteria Logic" section for Elidel and Protopic 0.03%, revised question #10 decision steps to if yes, approve and if no, deny.
- In the "Clinical Edit Criteria Logic" section for Protopic 0.1%, revised question #9 decision steps to if yes, approve and if no, deny.



Topical Immunomodulators
Elidel and Protopic 0.03%
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ELIDEL 1% CREAM	15348
PROTOPIC 0.03% OINTMENT	12289



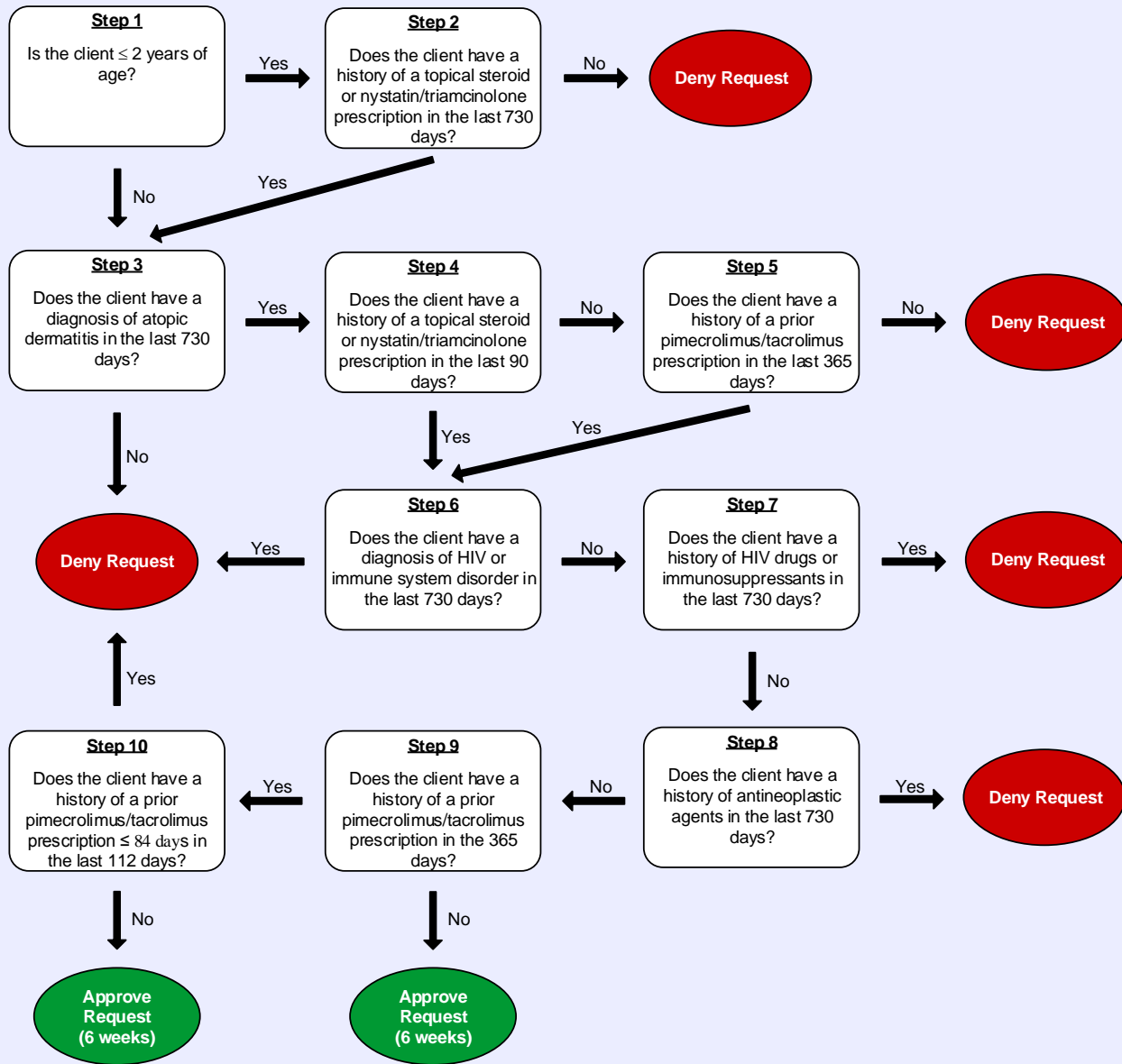
Topical Immunomodulators Elidel and Protopic 0.03% Clinical Edit Criteria Logic

1. Is the client less than or equal to (\leq) 2 years of age?
 Yes (Go to #2)
 No (Go to #3)
2. Does the client have a history of a topical steroid or nystatin/triamcinolone prescription in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of atopic dermatitis in the last 730 days?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a history of a topical steroid or nystatin/triamcinolone prescription in the last 90 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a history of a prior pimecrolimus/tacrolimus prescription in the last 365 days?
 Yes (Go to #6)
 No (Deny)
6. Does the client have a diagnosis of HIV or immune system disorder in the last 730 days?
 Yes (Deny)
 No (Go to #7)
7. Does the client have a history of HIV drugs or immunosuppressants in the last 730 days?
 Yes (Deny)
 No (Go to #8)
8. Does the client have a history of antineoplastic agents in the last 730 days?
 Yes (Deny)
 No (Go to #9)
9. Does the client have a history of a prior pimecrolimus/tacrolimus prescription in the last 365 days?
 Yes (Go to #10)
 No (Approve – 6 weeks)

10. Does the client have a history of a prior pimecrolimus/tacrolimus prescription less than or equal to (\leq) 84 days in the last 112 days?
- Yes (Approve – 6 weeks)
 - No (Deny)



Topical Immunomodulators Elidel and Protopic 0.03% Clinical Edit Criteria Logic Diagram





Topical Immunomodulators Elidel and Protopic 0.03% Clinical Edit Criteria Supporting Tables

Step 2 (history of a topical steroid or nystatin/triamcinolone prescription)	
Required quantity: 1	
Look back timeframe: 730 days	
Topical Steroids and Nystatin/Triamcinolone Drugs	
Label Name	GCN
ALCLOMETASONE DIPRO 0.05% CRM	33710
ALCLOMETASONE DIPR 0.05% OINT	33730
AMCINONIDE 0.1% CREAM	31490
AMCINONIDE 0.1% LOTION	31560
AMCINONIDE 0.1% OINTMENT	31500
ANUSOL-HC 2.5% CREAM	28852
APEXICON 0.05% OINTMENT	31480
APEXICON E 0.05% CREAM	67730
BETAMETHASONE DP 0.05% CRM	31060
BETAMETHASONE DP 0.05% LOT	31080
BETAMETHASONE DP 0.05% OINT	31070
BETAMETHASONE DP AUG 0.05% CRM	31890
BETAMETHASONE DP AUG 0.05% GEL	32091
BETAMETHASONE DP AUG 0.05% LOT	30980
BETAMETHASONE DP AUG 0.05% OIN	31910
BETAMETHASONE VA 0.1% CREAM	31101
BETAMETHASONE VA 0.1% LOTION	31120
BETAMETHASONE VALER 0.1% OINTM	31110
BETA-VAL 0.1% LOTION	31120
CLOBETASOL 0.05% CREAM	32140
CLOBETASOL 0.05% GEL	15892
CLOBETASOL 0.05% OINTMENT	32130
CLOBETASOL 0.05% SOLUTION	15891
CLOBETASOL EMOLLIENT 0.05% CRM	34141
CLOBETASOL PROP 0.05% FOAM	89743
CLOBEX 0.05% SPRAY	25909
CLOBEX 0.05% TOPICAL LOTION	34040
CLODERM 0.1% CREAM	31190
CORDRAN 4 MCG/SQ CM TAPE	31300

Step 2 (history of a topical steroid or nystatin/triamcinolone prescription)	
Required quantity: 1	
Look back timeframe: 730 days	
Topical Steroids and Nystatin/Triamcinolone Drugs	
Label Name	GCN
CORMAX 0.05% SOLUTION	15891
CORTISPORIN OINTMENT	14274
CUTIVATE 0.05% LOTION	24717
DERMA-SMOOTH-ES BODY OIL	85080
DERMA-SMOOTH-ES SCALP OIL	24484
DERMATOP 0.1% CREAM	37181
DERMATOP 0.1% OINTMENT	37182
DESONIDE 0.05% CREAM	31425
DESONIDE 0.05% LOTION	48971
DESONIDE 0.05% OINTMENT	31430
DESOXIMETASONE 0.05% CREAM	31180
DESOXIMETASONE 0.25% CREAM	31181
DESOXIMETASONE 0.05% GEL	06120
DESOXIMETASONE 0.25% OINTMENT	30800
DIFLORASONE 0.05% CREAM	31470
DIFLORASONE 0.05% OINTMENT	31480
DIPROLENE 0.05% LOTION	30980
DIPROLENE 0.05% OINTMENT	31910
DIPROLENE AF 0.05% CREAM	31890
ELOCON 0.1% CREAM	45850
ELOCON 0.1% LOTION	06034
ELOCON 0.1% OINTMENT	45930
FLUOCINOLONE 0.01% CREAM	31342
FLUOCINOLONE 0.025% CREAM	31344
FLUOCINONIDE 0.05% CREAM	31390
FLUOCINONIDE 0.05% GEL	31380
FLUOCINOLONE 0.025% OINT	31351
FLUOCINONIDE 0.05% OINTMENT	31400
FLUOCINOLONE 0.01% SOLUTION	31360
FLUOCINONIDE 0.05% SOLUTION	31401
FLUOCINONIDE-E 0.05% CREAM	54650
FLUOCINONIDE-EMOL 0.05% CREAM	54650
FLUTICASONE PROP 0.05% CREAM	43951
FLUTICASONE PROP 0.005% OINT	48641

Step 2 (history of a topical steroid or nystatin/triamcinolone prescription)	
Required quantity: 1	
Look back timeframe: 730 days	
Topical Steroids and Nystatin/Triamcinolone Drugs	
Label Name	GCN
HALOBETASOL PROP 0.05% CREAM	31251
HALOBETASOL PROP 0.05% OINTMNT	31211
HALOG 0.1% CREAM	31441
HALOG 0.1% OINTMENT	31451
HYDRO SKIN 1% LOTION	30974
HYDROCORTISONE 0.5% CREAM	30941
HYDROCORTISONE 1% CREAM	30841
HYDROCORTISONE 1% CREAM	30942
HYDROCORTISONE 2.5% CREAM	30943
HYDROCORTISONE 1% LOTION	30974
HYDROCORTISONE 2.5% LOTION	30975
HYDROCORTISONE 0.5% OINTMENT	30950
HYDROCORTISONE 1% OINTMENT	30951
HYDROCORTISONE 2.5% OINTMENT	30952
HYDROCORTISONE 0.1% SOLN	48811
HYDROCORTISONE ACETATE 2% GEL	24939
HYDROCORTISONE BUTY 0.1% CREAM	30880
HYDROCORTISONE BUTYR 0.1% OINT	30885
HYDROCORTISONE VAL 0.2% CREAM	30890
HYDROCORTISONE VAL 0.2% OINTMT	06040
ITCH-X HC 1% LOTION	30974
LOKARA 0.05% LOTION	48971
MEDI-CORTISONE 1% CREAM	30841
MOMETASONE FUROATE 0.1% CREAM	45850
MOMETASONE FUROATE 0.1% OINT	45930
MOMETASONE FUROATE 0.1% SOLN	06034
NUZON GEL	24939
OLUX 0.05% FOAM	89743
OLUX-E 0.05% FOAM	97649
PREDNICARBATE 0.1% CREAM	37181
PREDNICARBATE 0.1% OINTMENT	37182
PROCTOCREAM-HC 2.5% CREAM	28852
PROCTOSOL-HC 2.5% CREAM	28852
PROCTOZONE-HC 2.5% CREAM	28852

Step 2 (history of a topical steroid or nystatin/triamcinolone prescription)	
Required quantity: 1	
Look back timeframe: 730 days	
Topical Steroids and Nystatin/Triamcinolone Drugs	
Label Name	GCN
TOPICORT 0.05% GEL	06120
TOPICORT 0.25% CREAM	31181
TOPICORT 0.25% OINTMENT	30800
TOPICORT LP 0.05% CREAM	31180
TRIAMCINOLONE 0.025% CREAM	31231
TRIAMCINOLONE 0.1% CREAM	31232
TRIAMCINOLONE 0.5% CREAM	31233
TRIAMCINOLONE 0.025% LOTION	31260
TRIAMCINOLONE 0.1% LOTION	31261
TRIAMCINOLONE 0.025% OINT	31241
TRIAMCINOLONE 0.1% OINTMENT	31242
TRIAMCINOLONE 0.5% OINTMENT	31244
TRIANEX 0.05% OINTMENT	31243
ULTRAVATE 0.05% CREAM	31251
VANOS 0.1% CREAM	24306
VERDESO 0.05% FOAM	97254
WESTCORT 0.2% OINTMENT	06040

Step 3 (diagnosis of atopic dermatitis)	
Required diagnosis: 1	
Look back timeframe: 730 days	
Atopic Dermatitis Diagnoses	
ICD-9 Code	Description
691	ATOPIC DERMATITIS AND RELATED CONDITIONS
6910	DIAPER OR NAPKIN RASH
6918	OTHER ATOPIC DERMATITIS

Step 4 (history of topical steroid or nystatin/triamcinolone prescription)**Required quantity: 1****Look back timeframe: 90 days**

For the list of topical steroids and nystatin/triamcinolone drugs that pertain to this step, see the **Topical Steroids and Nystatin/Triamcinolone Drugs** table in this "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 5 (history of a prior pimecrolimus/tacrolimus prescription)**Required quantity: 1****Look back timeframe: 365 days****Pimecrolimus/Tacrolimus Drugs**

Label Name	GCN
ELIDEL 1% CREAM	15348
PROTOPIC 0.03% OINTMENT	12289
PROTOPIC 0.1% OINTMENT	12302

Step 6 (diagnosis of HIV or immune system disorder)**Required diagnosis: 1****Look back timeframe: 730 days****HIV and Immune System Disorder Diagnoses**

ICD-9 Code	Description
042	HUMAN IMMUNO VIRUS DIS
279	DISORDERS INVOLVING THE IMMUNE MECHANISM
2790	DEFICIENCY OF HUMORAL IMMUNITY
27900	HYPOGAMMAGLOBULINEM NOS
27901	SELECTIVE IGA IMMUNODEF
27902	SELECTIVE IGM IMMUNODEF
27903	SELECTIVE IG DEFIC NEC
27904	CONG HYPOGAMMAGLOBULINEM
27905	IMMUNODEFIC W HYPER-IGM
27906	COMMON VARIABL IMMUNODEF
27909	HUMORAL IMMUNITY DEF NEC
2791	DEFICIENCY OF CELL-MEDIATED IMMUNITY
27910	IMMUNDEF T-CELL DEF NOS
27911	DIGEORGE'S SYNDROME
27912	WISKOTT-ALDRICH SYNDROME
27913	NEZELOF'S SYNDROME

Step 6 (diagnosis of HIV or immune system disorder)	
Required diagnosis: 1	
Look back timeframe: 730 days	
HIV and Immune System Disorder Diagnoses	
ICD-9 Code	Description
27919	DEFIC CELL IMMUNITY NOS
2792	COMBINED IMMUNITY DEFIC
2793	IMMUNITY DEFICIENCY NOS
2794	AUTOIMMUNE DISEASE NEC
2795	GRAFT-VERSUS-HOST DISEASE
27950	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED
27951	ACUTE GRAFT-VERSUS-HOST DISEASE
27952	CHRONIC GRAFT-VERSUS-HOST DISEASE
27953	ACUTE ON CHRONIC GRAFT-VERSUS-HOST DISEASE
2798	IMMUNE MECHANISM DIS NEC
2799	IMMUNE MECHANISM DIS NOS

Step 7 (history of HIV drugs or immunosuppressants)	
Required quantity: 1	
Look back timeframe: 730 days	
HIV Drugs and Immunosuppressants	
Label Name	GCN
APTIVUS 250 MG CAPSULE	24906
ATRIPLA TABLET	27346
AZATHIOPRINE 50 MG TABLET	46771
CELLCEPT 200 MG/ML ORAL SUSP	47563
CELLCEPT 250 MG CAPSULE	47560
CELLCEPT 500 MG TABLET	47561
COMBIVIR TABLET	89621
COMPLERA TABLET	30288
COPAXONE 20 MG INJECTION KIT	16431
CRIXIVAN 100 MG CAPSULE	26823
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 50 MG SOFTGEL	13916
CYCLOSPORINE 100 MG/ML SOLN	08220
CYCLOSPORINE 100 MG/ML SOLN	13917

Step 7 (history of HIV drugs or immunosuppressants)	
Required quantity: 1	
Look back timeframe: 730 days	
HIV Drugs and Immunosuppressants	
Label Name	GCN
CYCLOSPORINE MODIFIED 25 MG	13918
CYCLOSPORINE MODIFIED 100 MG	13919
DIDANOSINE DR 125 MG CAPSULE	14558
DIDANOSINE DR 200 MG CAPSULE	14559
DIDANOSINE DR 250 MG CAPSULE	14556
DIDANOSINE DR 400 MG CAPSULE	14557
EDURANT 25 MG TABLET	29963
EMTRIVA 200 MG CAPSULE	20019
EPIVIR 10 MG/ML ORAL SOLN	26722
EPIVIR 150 MG TABLET	26720
EPIVIR 300 MG TABLET	15709
EPIVIR HBV 25 MG/5 ML SOLN	50911
EPIVIR HBV 100 MG TABLET	50912
EPZICOM TABLET	23167
FUZEON CONVENIENCE KIT	19346
GENGRAF 25 MG CAPSULE	13918
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
IMURAN 50 MG TABLET	46771
INTELENCE 100 MG TABLET	99318
INTELENCE 200 MG TABLET	29424
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ISENTRESS 400 MG TABLET	98986
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
LEXIVA 50 MG/ML SUSPENSION	23783
LEXIVA 700 MG TABLET	20553
MYCOPHENOLATE 250 MG CAPSULE	47560
MYCOPHENOLATE 500 MG TABLET	47561
MYFORTIC 180 MG TABLET	19646
MYFORTIC 360 MG TABLET	19647
NEORAL 25 MG GELATIN CAPSULE	13918

Step 7 (history of HIV drugs or immunosuppressants)	
Required quantity: 1	
Look back timeframe: 730 days	
HIV Drugs and Immunosuppressants	
Label Name	GCN
NEORAL 100 MG GELATN CAPSULE	13919
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 80 MG/ML SOLUTION	26810
NORVIR 100 MG TABLET	28224
PREZISTA 75 MG TABLET	16759
PREZISTA 150 MG TABLET	23489
PREZISTA 400 MG TABLET	14569
PREZISTA 600 MG TABLET	99434
PROGRAF 0.5 MG CAPSULE	28495
PROGRAF 1 MG CAPSULE	28491
PROGRAF 5 MG CAPSULE	28492
RAPAMUNE 1 MG/ML ORAL SOLN	50356
RAPAMUNE 1 MG TABLET	13696
RAPAMUNE 2 MG TABLET	19299
RESCRIPTOR 100 MG TABLET	43560
RESCRIPTOR 200 MG TABLET	51631
RETROVIR 100 MG CAPSULE	44530
RETROVIR 10 MG/ML SYRUP	44410
RETROVIR 300 MG TABLET	44533
RETROVIR 10 MG/ML VIAL	43960
RETROVIR IV INFUSION VIAL	43960
REYATAZ 100 MG CAPSULE	19949
REYATAZ 150 MG CAPSULE	19952
REYATAZ 200 MG CAPSULE	19953
REYATAZ 300 MG CAPSULE	97430
SANDIMMUNE 25 MG CAPSULE	13911
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SELZENTRY 150 MG TABLET	98734
SELZENTRY 300 MG TABLET	98739
STAVUDINE 15 MG CAPSULE	26711
STAVUDINE 20 MG CAPSULE	26712
STAVUDINE 30 MG CAPSULE	26713
STAVUDINE 40 MG CAPSULE	26714

Step 7 (history of HIV drugs or immunosuppressants)	
Required quantity: 1	
Look back timeframe: 730 days	
HIV Drugs and Immunosuppressants	
Label Name	GCN
SUSTIVA 50 MG CAPSULE	43301
SUSTIVA 200 MG CAPSULE	43303
SUSTIVA 600 MG TABLET	15555
TACROLIMUS 0.5 MG CAPSULE	28495
TACROLIMUS 1 MG CAPSULE	28491
TACROLIMUS 5 MG CAPSULE	28492
THALOMID 50 MG CAPSULE	28301
THALOMID 100 MG CAPSULE	95392
THALOMID 150 MG CAPSULE	98220
THALOMID 200 MG CAPSULE	19321
TRIZIVIR TABLET	87691
TRUVADA 200 MG-300 MG TABLET	23152
VIDEX 2 GM PEDIATRIC SOLN	13361
VIDEX 4 GM PEDIATRIC SOLN	13361
VIDEX EC 125 MG CAPSULE	14558
VIDEX EC 200 MG CAPSULE	14559
VIDEX EC 250 MG CAPSULE	14556
VIDEX EC 400 MG CAPSULE	14557
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VIRAMUNE 50 MG/5 ML SUSP	31421
VIRAMUNE 200 MG TABLET	31420
VIRAMUNE XR 400 MG TABLET	29767
VIREAD 300 MG TABLET	14822
ZERIT 1 MG/ML SOLUTION	26716
ZERIT 15 MG CAPSULE	26711
ZERIT 20 MG CAPSULE	26712
ZERIT 30 MG CAPSULE	26713
ZERIT 40 MG CAPSULE	26714
ZIAGEN 20 MG/ML SOLUTION	94678
ZIAGEN 300 MG TABLET	94668
ZIDOVUDINE 100 MG CAPSULE	44530
ZIDOVUDINE 50 MG/5 ML SYRUP	44410
ZIDOVUDINE 300 MG TABLET	44533

Step 8 (history of antineoplastic agents)	
Required quantity: 1	
Look back timeframe: 730 days	
Antineoplastic Agents	
Label Name	GCN
ALKERAN 2 MG TABLET	38380
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AVODART 0.5 MG SOFTGEL	18428
AZELEX 20% CREAM	62874
BICALUTAMIDE 50 MG TABLET	00450
CARAC CREAM	12514
CASODEX 50 MG TABLET	00450
CEENU 10 MG CAPSULE	38431
CEENU 40 MG CAPSULE	38433
CEENU 100 MG CAPSULE	38432
COSMEGEN 0.5 MG VIAL	96679
CYCLOPHOSPHAMIDE 25 MG TAB	38360
CYCLOPHOSPHAMIDE 50 MG TABLET	38361
CYTARABINE 20 MG/ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	34230
CYTARABINE 20 MG/ML VIAL	97825
CYTARABINE 100 MG VIAL	21485
CYTARABINE 100 MG/ML VIAL	34231
CYTARABINE 500 MG VIAL	21503
CYTARABINE 1 GM VIAL	21473
CYTARABINE 2 GM VIAL	21501
DROXIA 200 MG CAPSULE	38402
DROXIA 300 MG CAPSULE	38403
DROXIA 400 MG CAPSULE	38404
EFUDEX 5% CREAM	30781
EFUDEX 5% SOLUTION	30792
EMCYT 140 MG CAPSULE	38700
ETOPOSIDE 50 MG CAPSULE	07560
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 500 MG/25 ML VIAL	07481
ETOPOSIDE 1,000 MG/50 ML VIAL	07481
EVISTA 60 MG TABLET	59011

Step 8 (history of antineoplastic agents)	
Required quantity: 1	
Look back timeframe: 730 days	
Antineoplastic Agents	
Label Name	GCN
FARESTON 60 MG TABLET	42721
FEMARA 2.5 MG TABLET	49541
FINACEA 15% GEL	19198
FINASTERIDE 5 MG TABLET	30521
FLUOROPLEX 1% CREAM	30780
FLUOROURACIL 5% CREAM	30781
FLUOROURACIL 2% TOPICAL SOLN	30791
FLUOROURACIL 5% TOP SOLUTION	30792
FLUTAMIDE 125 MG CAPSULE	25740
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
HEXALEN 50 MG CAPSULE	34221
HYCAMTIN 0.25 MG CAPSULE	14254
HYCAMTIN 1 MG CAPSULE	14256
HYDROXYUREA 500 MG CAPSULE	38400
IRESSA 250 MG TABLET	19586
JALYN 0.5-0.4 MG CAPSULE	28596
LETROZOLE 2.5 MG TABLET	49541
LEUKERAN 2 MG TABLET	38370
LYSODREN 500 MG TABLET	38710
MATULANE 50 MG CAPSULE	38740
MEGACE 40 MG/ML ORAL SUSP	40381
MEGACE ES 625 MG/5 ML SUSP	24948
MEGESTROL 20 MG TABLET	38680
MEGESTROL 40 MG TABLET	38681
MEGESTROL ACET 40 MG/ML SUSP	40381
MERCAPTOPYRINE 50 MG TABLET	38520
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 25 MG/ML VIAL	18936
METHOTREXATE 25 MG/ML VIAL	38466
MITOMYCIN 5 MG VIAL	38601
MITOMYCIN 20 MG VIAL	38600
MITOMYCIN 40 MG VIAL	38602
MITOXANTRONE 20 MG/10 ML VIAL	07544

Step 8 (history of antineoplastic agents)	
Required quantity: 1	
Look back timeframe: 730 days	
Antineoplastic Agents	
Label Name	GCN
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VIAL	07544
MYLERAN 2 MG TABLET	38420
NEXAVAR 200 MG TABLET	26263
NILANDRON 150 MG TABLET	22645
NOVANTRONE 2 MG/ML VIAL	07544
OFORTA 10 MG TABLET	12473
ONCASPAR 750 UNIT/ML VIAL	24231
PROSCAR 5 MG TABLET	30521
PURINETHOL 50 MG TABLET	38520
RHEUMATREX 2.5 MG TABLET	17718
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 50 MG CAPSULE	26454
TABLOID 40 MG TABLET	10290
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TARCEVA 25 MG TABLET	23795
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARGRETIN 1% GEL	89921
TARGRETIN 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TEMODAR 5 MG CAPSULE	92893
TEMODAR 20 MG CAPSULE	92903
TEMODAR 100 MG CAPSULE	92913
TEMODAR 140 MG CAPSULE	98310
TEMODAR 180 MG CAPSULE	98311
TEMODAR 250 MG CAPSULE	92933
TREXALL 5 MG TABLET	13134

Step 8 (history of antineoplastic agents)	
Required quantity: 1	
Look back timeframe: 730 days	
Antineoplastic Agents	
Label Name	GCN
TREXALL 7.5 MG TABLET	38485
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135
TYKERB 250 MG TABLET	98140
VINBLASTINE 1 MG/ML VIAL	38970
VINBLASTINE SULF 10 MG VIAL	38560
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VOTRIENT 200 MG TABLET	27829
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
ZOLINZA 100 MG CAPSULE	97345

Step 9 (history of a prior pimecrolimus/tacrolimus prescription)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN

For the list of pimecrolimus/tacrolimus prescriptions that pertain to this step, see the [Pimecrolimus/Tacrolimus Drugs](#) table in this "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 10 (history of a prior pimecrolimus/tacrolimus prescription ≤ 84 days)	
Required quantity: 1	
Look back timeframe: 112 days	

For the list of pimecrolimus/tacrolimus prescriptions that pertain to this step, see the [Pimecrolimus/Tacrolimus Drugs](#) table in this "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.



Topical Immunomodulators
Protopic 0.1%
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
PROTOPIC 0.1% OINTMENT	12302



Topical Immunomodulators

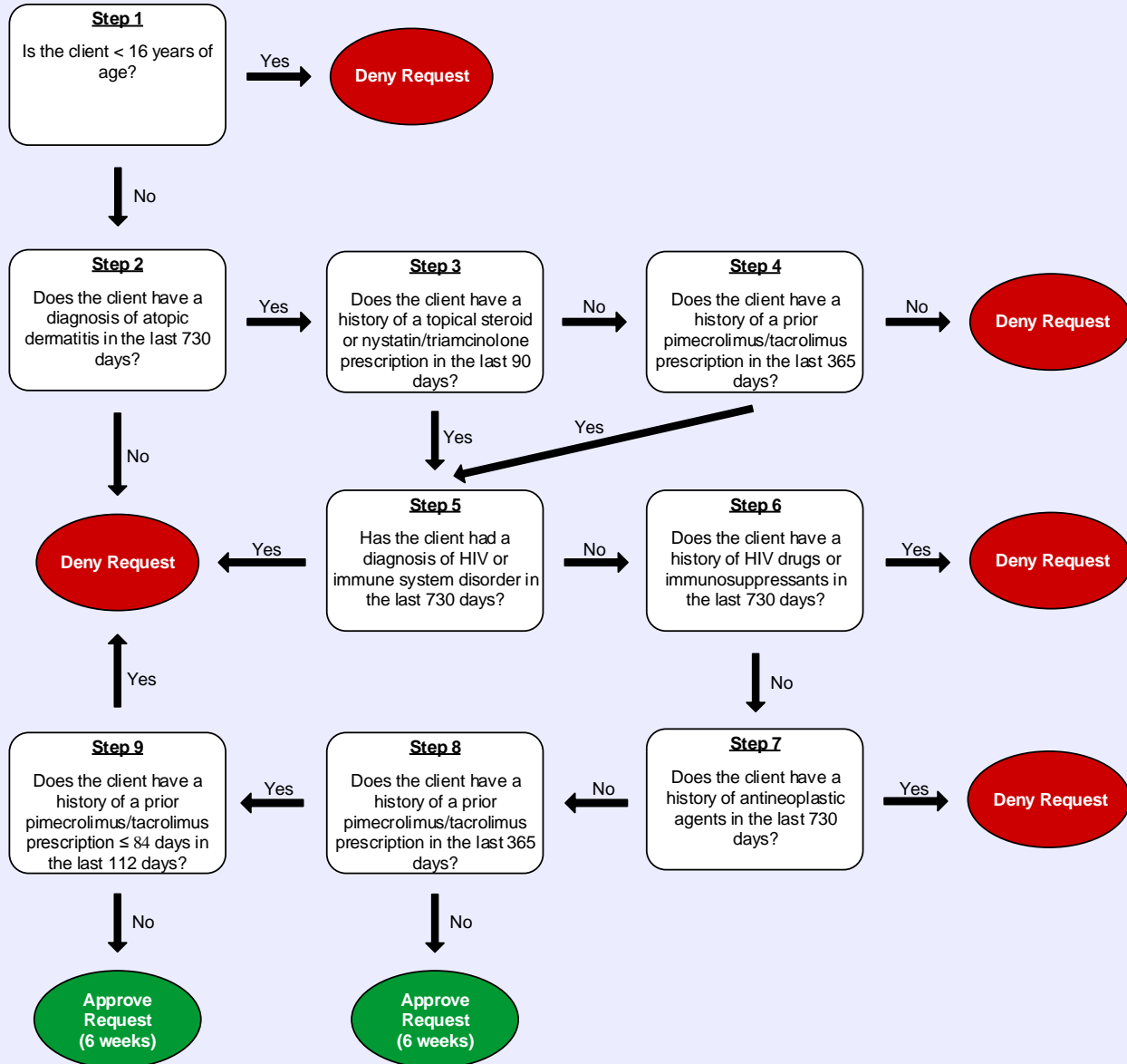
Protopic 0.1%

Clinical Edit Criteria Logic

1. Is the client less than (<) 16 years of age?
 Yes (Deny)
 No (Go to #2)
2. Does the client have a diagnosis of atopic dermatitis in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a history of a topical steroid or nystatin/triamcinolone prescription in the last 90 days?
 Yes (Go to #5)
 No (Go to #4)
4. Does the client have a history of a prior pimecrolimus/tacrolimus prescription in the last 365 days?
 Yes (Go to #5)
 No (Deny)
5. Has the client had a diagnosis of HIV or immune system disorder in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a history of HIV drugs or immunosuppressants in the last 730 days?
 Yes (Deny)
 No (Go to #7)
7. Does the client have a history of antineoplastic agents in the last 730 days?
 Yes (Deny)
 No (Go to #8)
8. Does the client have a history of a prior pimecrolimus/tacrolimus prescription in the last 365 days?
 Yes (Go to #9)
 No (Approve – 6 weeks)
9. Does the client have a history of a prior pimecrolimus/tacrolimus prescription less than or equal to (\leq) 84 days in the last 112 days?
 Yes (Approve – 6 weeks)
 No (Deny)



Topical Immunomodulators Protopic 0.1% Clinical Edit Criteria Logic Diagram





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Step 2 (diagnosis of atopic dermatitis)

Required diagnosis: 1

Look back timeframe: 730 days

For the list of atopic dermatitis diagnoses that pertain to this step, see the **Atopic Dermatitis Diagnoses** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 3 (history of a topical steroid or nystatin/triamcinolone)

Required quantity: 1

Look back timeframe: 90 days

For the list of topical steroids and nystatin/triamcinolone drugs that pertain to this step, see the **Topical Steroids and Nystatin/Triamcinolone Drugs** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 4 (history of a pimecrolimus/tacrolimus prescription)

Required quantity: 1

Look back timeframe: 365 days

For the list of pimecrolimus/tacrolimus prescriptions that pertain to this step, see the **Pimecrolimus/Tacrolimus Drugs** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 5 (diagnosis of HIV or immune system disorder)

Required diagnosis: 1

Look back timeframe: 730 days

For the list of HIV and immune system disorder diagnoses that pertain to this step, see the **HIV and Immune System Disorder Diagnoses** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 6 (history of HIV drugs or immunosuppressants)**Required quantity: 1****Look back timeframe: 730 days**

For the list of HIV drugs and immunosuppressants that pertain to this step, see the **HIV Drugs and Immunosuppressants** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 7 (history of an antineoplastic agent)**Required quantity: 1****Look back timeframe: 730 days**

For the list of antineoplastic agents that pertain to this step, see the **Antineoplastic Agents** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 8 (history of a pimecrolimus/tacrolimus prescription)**Required quantity: 1****Look back timeframe: 365 days**

For the list of pimecrolimus/tacrolimus prescriptions that pertain to this step, see the **Pimecrolimus/Tacrolimus Drugs** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 9 (history of a pimecrolimus/tacrolimus prescription \leq 84 days)**Required quantity: 1****Look back timeframe: 112 days**

For the list of pimecrolimus/tacrolimus prescriptions that pertain to this step, see the **Pimecrolimus/Tacrolimus Drugs** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.



Topical Immunomodulators

Clinical Edit Criteria References

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4. Protopic prescribing information. Astellas Pharma US, Inc. Northbrook, IL. May 2012.
5. Elidel prescribing information. Valeant Pharmaceuticals North America LLC. Bridgewater, NJ. March 2014.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
04/10/2012	<ul style="list-style-type: none"> • Added a new section to specify the drugs requiring prior authorization for each form of topical immunomodulators • Revised age check (step 1) in criteria logic and logic diagram for Elidel and Protopic 0.03% from less than 3 (<3) to less than or equal to (\leq) 2 years of age • In the "Clinical Edit Supporting Tables" section for Elidel and Protopic 0.03%, revised tables to specify the drug names and GCNs pertinent to steps 2, 4, 5, 7, 8, 9, and 10 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Elidel and Protopic 0.03%, revised tables to specify the diagnosis codes pertinent to steps 3 and 6 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Protopic 0.1%, revised tables to specify the diagnosis codes pertinent to steps 2 and 5 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Protopic 0.1%, revised tables to specify the drug names and GCNs pertinent to steps 3, 4, 6, 7, 8, and 9 of the logic diagram
4/24/2014	<ul style="list-style-type: none"> • In the "Clinical Edit Criteria Logic" section for Elidel and Protopic 0.03%, revised question #10 decision steps to if yes, approve and if no, deny. • In the "Clinical Edit Criteria Logic" section for Protopic 0.1%, revised question #9 decision steps to if yes, approve and if no, deny.