

## Drug/Drug Class

### Topical Immunomodulators

#### Clinical Criteria Information Included in this Document

Elidel and Protopic 0.03%

Protopic 0.1%

Eucrisa

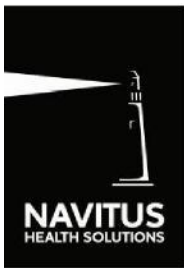
**Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria

**Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules

**Logic diagram:** a visual depiction of the clinical criteria logic

**Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)

**References:** clinical publications and sources relevant to this clinical criteria



## Prior Authorization Topical Immunomodulators Elidel and Protopic 0.03%

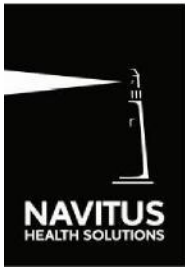
### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

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

### Clinical Edit Criteria Logic

1. Does the client have a diagnosis of localized skin graft versus host disease in the last 365 days? <input type="checkbox"/> Yes (Go to #2) <input type="checkbox"/> No (Go to #3)
2. Has the client had a bone marrow transplant in the last 365 days? <input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Go to #3)
3. Is the client less than or equal to 2 years of age? <input type="checkbox"/> Yes (Go to #4) <input type="checkbox"/> No (Go to #5)
4. Does the client have a history of a topical steroid or nystatin / triamcinolone prescription in the last 730 days? <input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Deny)
5. Does the client have a diagnosis of Atopic Dermatitis (eczema) in the last 730 days? <input type="checkbox"/> Yes (Go to #6) <input type="checkbox"/> No (Deny)
6. Does the client have a history of a topical steroid or nystatin / triamcinolone prescription in the last 730 days? <input type="checkbox"/> Yes (Go to #8) <input type="checkbox"/> No (Go to #7)
7. Does the client have a history of a prior pimecrolimus (ELIDEL) / tacrolimus (PROTOPIC) prescription in the last 365 days? <input type="checkbox"/> Yes (Go to #8) <input type="checkbox"/> No (Deny)
8. Does the client have a diagnosis of HIV or Immune System Disorder in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #9)
9. Does the client have a history of HIV drugs or immunosuppressants in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #10)
10. Does the client have a history of antineoplastic agents in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #11)
11. Does the client have a history of a skin absorption disorder or a skin malignancy in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #12)

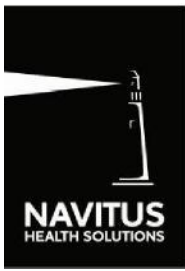


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12. Does the client have a history of a prior pimecrolimus (ELIDEL) / tacrolimus (PROTOPIC) prescription less than or equal to 180 days in the last 200 days?

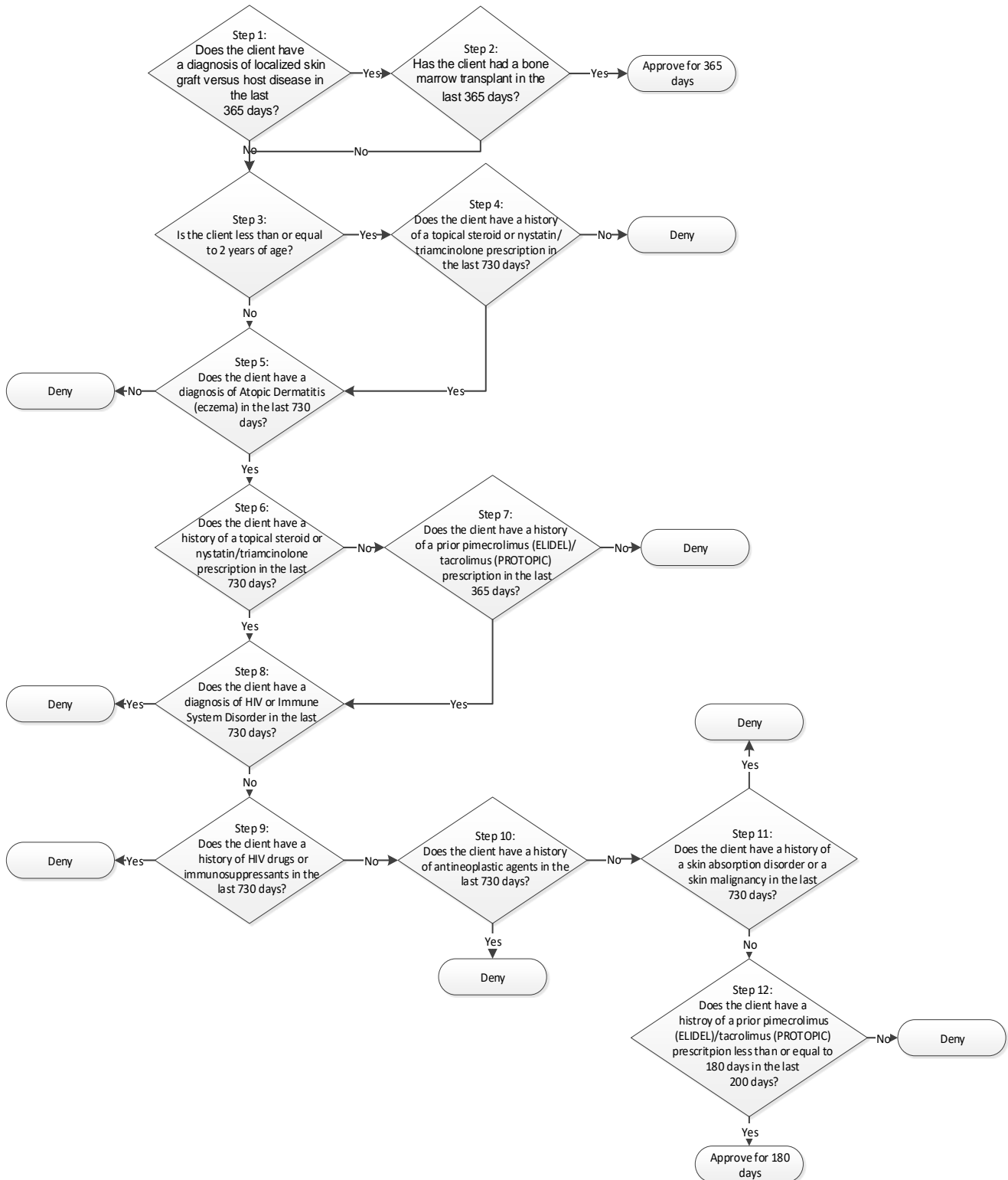
Yes (Approve – 180 days)

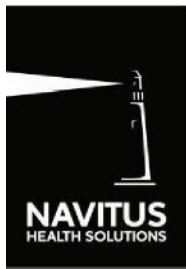
No (Deny)



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## Clinical Edit Criteria Logic





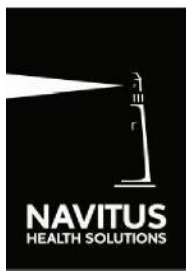
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**Clinical Edit Criteria Supporting Tables**

Step 1 (diagnosis of graft-versus-host disease) Required diagnosis: 1 Look back timeframe: 365 Days	
ICD-10 Code	Description
D89.81	GRAFT-VERSUS-HOST DISEASE

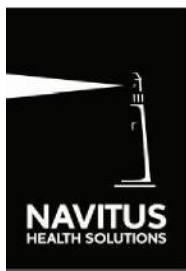
Step 2 (history of bone marrow transplant) Required code: 1 Look back timeframe: 365 Days	
CPT Code	Description
38240	ALLOGENEIC INFUSION
38241	AUTOLOGOUS TRANSPLANT
38242	ALLOGENEIC DONOR LYMPHOCYTE INFUSION
38243	ALLOGENEIC HEMATOPOIETIC CELLULAR TRANSPLANT BOOST

Step 4 (history or topical steroid or nystatin/triamcinolone prescription) Required quantity: 1 Look back timeframe: 730 Days	
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
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
BETAMETHASONE VALER 0.12% FOAM	32052
BRYHALI 0.01% LOTION	45728
CLOBETASOL 0.05% CREAM	32140



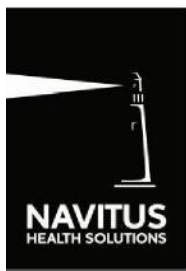
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CLOBETASOL 0.05% GEL	15892
CLOBETASOL 0.05% OINTMENT	32130
CLOBETASOL 0.05% SOLUTION	15891
CLOBETASOL 0.05% TOPICAL LOTN	34040
CLOBETASOL EMOLLIENT 0.05% CRM	34141
CLOBETASOL EMULSION 0.05% FOAM	97649
CLOBETASOL PROP 0.05% FOAM	89743
CLOBETASOL PROP 0.05% SPRAY	25909
CLOBEX 0.05% SPRAY	25909
CLOBEX 0.05% TOPICAL LOTION	34040
CLOCORTOLONE PIVALATE 0.1% CRM	31190
CLODERM 0.1% CREAM	31190
CORDRAN 4 MCG/SQ CM TAPE	31300
CUTIVATE 0.05% LOTION	24717
DERMA-SMOOTH-FS BODY OIL	85080
DERMA-SMOOTH-FS SCALP OIL	24484
DESONATE 0.05% GEL	97930
DESONIDE 0.05% CREAM	31425
DESONIDE 0.05% LOTION	48971
DESONIDE 0.05% OINTMENT	11430
DESOXIMETASONE 0.05% CREAM	31180
DESOXIMETASONE 0.25% CREAM	31181
DESOXIMETASONE 0.05% GEL	06120
DESOXIMETASONE 0.25% OINTMENT	30800
DESOXIMETASONE 0.25% SPRAY	34545
DIFLORASONE 0.05% CREAM	31470
DIFLORASONE 0.05% OINTMENT	31480
DIPROLENE 0.05% OINTMENT	31910
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% BODY OIL	85080
FLUOCINOLONE 0.01% SOLUTION	31360
FLUOCINONIDE 0.05% SOLUTION	31401
FLUOCINONIDE 0.1% CREAM	24306
FLUOCINONIDE-E 0.05% CREAM	54650



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FLURANDRENOLIDE 0.05% CREAM	28711
FLURANDRENOLIDE 0.05% LOTION	31310
FLUTICASONE PROP 0.05% CREAM	43951
FLUTICASONE 0.05% LOTION	24717
FLUTICASONE PROP 0.005% OINT	48641
HALCINONIDE 0.1% CREAM	31441
HALOBETASOL PROP 0.05% CREAM	31251
HALOBETASOL PROP 0.05% OINTMNT	31211
HALOG 0.1% CREAM	31441
HALOG 0.1% OINTMENT	31451
HYDROCORTISONE-ALOE 1% CREAM	92421
HYDROCORTISONE 1% CREAM	30942
HYDROCORTISONE 2.5% CREAM	30943
HYDROCORTISONE 2.5% LOTION	30975
HYDROCORTISONE 0.5% OINTMENT	30950
HYDROCORTISONE 1% CREAM	28851
HYDROCORTISONE 1% OINTMENT	30951
HYDROCORTISONE 2.5% OINTMENT	30952
HYDROCORTISONE 0.1% SOLN	48811
HYDROCORTISONE BUTY 0.1% CREAM	30880
HYDROCORT BUTY 0.1% LIPO CREAM	20706
HYDROCORTISONE BUTYR 0.1% LOTN	62480
HYDROCORTISONE BUTYR 0.1% OINT	30885
HYDROCORTISONE VAL 0.2% CREAM	30890
HYDROCORTISONE VAL 0.2% OINTMT	06040
LEXETTE 0.05% FOAM	45667
LUXIQ 0.12% FOAM	32052
MOMETASONE FUROATE 0.1% CREAM	45850
MOMETASONE FUROATE 0.1% OINT	45930
MOMETASONE FUROATE 0.1% SOLN	06034
OLUX 0.05% FOAM	89743
OLUX-E 0.05% FOAM	97649
PANDEL 0.1% CREAM	50550
PREDNICARBATE 0.1% CREAM	37181
PREDNICARBATE 0.1% OINTMENT	37182
TEMOVATE 0.05% CREAM	32140
TEMOVATE 0.05% OINTMENT	32130
TEXACORT 2.5% SOLUTION	09181
TOPICORT 0.05% GEL	06120



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TOPICORT 0.05% OINTMENT	11403
TOPICORT 0.25% CREAM	31181
TOPICORT 0.25% OINTMENT	30800
TOPICORT 0.25% SPRAY	34545
TOPICORT LP 0.05% CREAM	31180
TRIAMCINOLONE 0.025% CREAM	31231
TRIAMCINOLONE 0.05% OINTMENT	31244
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
ULTRAVATE X CREAM COMBO PACK	32631
ULTRAVATE X OINTMENT COMBO PACK	32630
VANOS 0.1% CREAM	24306

<b>Step 5 (diagnosis of atopic dermatitis)</b>	
Required diagnosis: 1	
Look back timeframe: 730 Days	
ICD-10 Code	Description
L200	BESNIER'S PRURIGO
L2081	ATOPIC NEURODERMATITIS
L2082	FLEXURAL ECZEMA
L2084	INTRINSIC (ALLERGIC) ECZEMA
L2089	OTHER ATOPIC DERMATITIS
L209	ATOPIC DERMATITIS, UNSPECIFIED

<b>Step 6 (history or topical steroid or nystatin/triamcinolone prescription)</b>
Required diagnosis: 1
Look back timeframe: 730 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 Step 4.

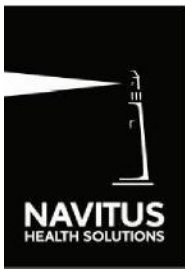




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<b>Step 7 (history of a prior pimecrolimus/tacrolimus prescription)</b>	
Required quantity: 1	
Look back timeframe: 365 Days	
Label Name	GCN
ELIDEL 1% CREAM	15348
PROTOPIC 0.03% OINTMENT	12289
PROTOPIC 0.1% OINTMENT	12302
TACROLIMUS 0.03% OINTMENT	12289
TACROLIMUS 0.1% OINTMENT	12302

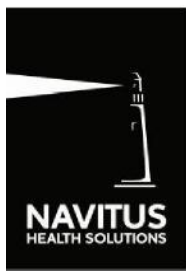
<b>Step 8 (diagnosis of HIV or immune system disorder)</b>	
Required quantity: 1	
Look back timeframe: 730 Days	
ICD-10 Code	Description
B20	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE
D800	HEREDITARY HYPOGAMMAGLOBULINEMIA
D801	NONFAMILIAL HYPOGAMMAGLOBULINEMIA
D802	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN A [IGA]
D803	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES
D804	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN M [IGM]
D805	IMMUNODEFICIENCY WITH INCREASED IMMUNOGLOBULIN M [IGM]
D806	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA
D807	TRANSIENT HYPOGAMMAGLOBULINEMIA OF INFANCY
D808	OTHER IMMUNODEFICIENCIES WITH PREDOMINANTLY ANTIBODY DEFECTS
D809	IMMUNODEFICIENCY WITH PREDOMINANTLY ANTIBODY DEFECTS, UNSPECIFIED
D810	SEVERE COMBINED IMMUNODEFICIENCY [SCID] WITH RETICULAR DYSGENESIS
D811	SEVERE COMBINED IMMUNODEFICIENCY [SCID] WITH LOW T- AND B-CELL NUMBERS
D812	SEVERE COMBINED IMMUNODEFICIENCY [SCID] WITH LOW OR NORMAL B-CELL NUMBERS
D814	NEZELOF'S SYNDROME
D816	MAJOR HISTOCOMPATIBILITY COMPLEX CLASS I DEFICIENCY
D817	MAJOR HISTOCOMPATIBILITY COMPLEX CLASS II DEFICIENCY
D8189	OTHER COMBINED IMMUNODEFICIENCIES



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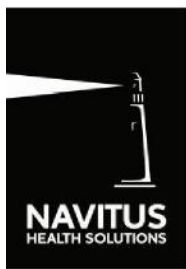
D819	COMBINED IMMUNODEFICIENCY, UNSPECIFIED
D820	WISKOTT-ALDRICH SYNDROME
D821	DI GEORGE'S SYNDROME
D822	IMMUNODEFICIENCY WITH SHORT-LIMBED STATURE
D823	IMMUNODEFICIENCY FOLLOWING HEREDITARY DEFECTIVE RESPONSE TO EPSTEIN-BARR VIRUS
D824	HYPERIMMUNOGLOBULIN E [IGE] SYNDROME
D828	IMMUNODEFICIENCY ASSOCIATED WITH OTHER SPECIFIED MAJOR DEFECTS
D829	IMMUNODEFICIENCY ASSOCIATED WITH MAJOR DEFECT, UNSPECIFIED
D830	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION
D831	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT IMMUNOREGULATORY T-CELL DISORDERS
D832	COMMON VARIABLE IMMUNODEFICIENCY WITH AUTOANTIBODIES TO B-OR T-CELLS
D838	OTHER COMMON VARIABLE IMMUNODEFICIENCIES
D839	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED
D840	LYMPHOCYTE FUNCTION ANTIGEN-1 [LFA-1] DEFECT
D841	DEFECTS IN THE COMPLEMENT SYSTEM
D848	OTHER SPECIFIED IMMUNODEFICIENCIES
D849	IMMUNODEFICIENCY, UNSPECIFIED
D893	IMMUNE RECONSTITUTION SYNDROME
D89810	ACUTE GRAFT-VERSUS-HOST DISEASE
D89811	CHRONIC GRAFT-VERSUS-HOST DISEASE
D89812	ACUTE ON CHRONIC GRAFT-VERSUS-HOST DISEASE
D89813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED
D8989	OTHER SPECIFIED DISORDERS INVOLVING THE IMMUNE MECHANISM, NOT ELSEWHERE CLASSIFIED
D899	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED

<b>Step 9 (history of HIV drugs or immunosuppressants)</b>	
Required quantity: 1	
Look back timeframe: 730 Days	
<b>Label Name</b>	<b>GCN</b>
ABACAVIR 300 MG TABLET	94668
ABACAVIR-LAMIVUDINE-ZIDOV TAB	87691
AFINITOR 10 MG TABLET	20844



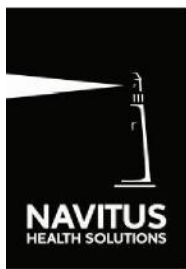
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AFINITOR 2.5 MG TABLET	28783
AFINITOR 5 MG TABLET	20784
AFINITOR 7.5 MG TABLET	31396
AFINITOR DISPERZ 2 MG TABLET	34589
AFINITOR DISPERZ 3 MG TABLET	34590
AFINITOR DISPERZ 5 MG TABLET	34592
APTIVUS 250 MG CAPSULE	24906
ASTAGRAF XL 0.5 MG CAPSULE	98662
ASTAGRAF XL 1 MG CAPSULE	98663
ASTAGRAF XL 5 MG CAPSULE	98664
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
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 100 MG/ML SOLN	13917
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE 50 MG SOFTGEL	13916
CYCLOSPORINE MODIFIED 100 MG	13919
CYCLOSPORINE MODIFIED 25 MG	13918
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
ENVARUSUS XR 0.75 MG TABLET	39120
ENVARUSUS XR 1 MG TABLET	39123
ENVARUSUS XR 4 MG TABLET	39124
EPIVIR 10 MG/ML ORAL SOLN	26722
EPIVIR 150 MG TABLET	26720
EPIVIR 300 MG TABLET	15709
EPZICOM TABLET	23167
EVOTAZ 300-150 MG TABLET	37797



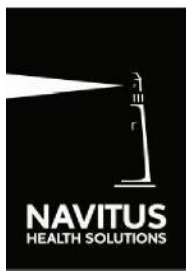
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FUZEON 90 MG VIAL	31488
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 25 MG CAPSULE	13918
GENVOYA TABLET	40092
IMURAN 50 MG TABLET	46771
INTELENCE 100 MG TABLET	99318
INTELENCE 200 MG TABLET	29424
INTELENCE 25 MG TABLET	32035
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ISENTRESS 100 MG POWDER PACKET	35788
ISENTRESS 100 MG TABLET CHEW	31095
ISENTRESS 25 MG TABLET CHEW	98986
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
LAMIVUDINE 100 MG TABLET	50912
LAMIVUDINE 10MG/ML ORAL SOLUTION	26722
LAMIVUDINE 150 MG TABLET	26720
LAMIVUDINE 300 MG TABLET	15709
LAMIVUDINE-ZIDOVUDINE TABLET	89621
LEXIVA 50 MG/ML SUSPENSION	23783
LEXIVA 700 MG TABLET	20553
MYCOPHENOLATE 250 MG CAPSULE	47560
MYCOPHENOLATE 500 MG TABLET	47561
MYCOPHENOLIC ACID DR 180 MG TAB	19646
MYCOPHENOLIC ACID DR 360 MG TAB	19647
MYFORTIC 180 MG TABLET	19646
MYFORTIC 360 MG TABLET	19647
NEORAL 100 MG GELATN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
NEVIRAPINE 200 MG TABLET	31420
NEVIRAPINE 50 MG/5 ML SUSP	31421
NEVIRAPINE ER 400 MG TABLET	29767
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224



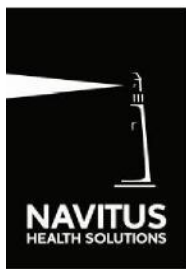
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NORVIR 80 MG/ML SOLUTION	26810
PREZCOBIX 800-150 MG TABLET	37367
PREZISTA 100 MG/ML SUSPENSION	31201
PREZISTA 150 MG TABLET	23489
PREZISTA 600 MG TABLET	99434
PREZISTA 75 MG TABLET	16759
PREZISTA 800 MG TABLET	33723
PROGRAF 0.5 MG CAPSULE	28495
PROGRAF 1 MG CAPSULE	28491
PROGRAF 5 MG CAPSULE	28492
RAPAMUNE 0.5MG TABLET	28502
RAPAMUNE 1 MG TABLET	13696
RAPAMUNE 1 MG/ML ORAL SOLN	50356
RAPAMUNE 2 MG TABLET	19299
RESCRIPTOR 100 MG TABLET	43560
RESCRIPTOR 200 MG TABLET	51631
RETROVIR 10 MG/ML SYRUP	44410
RETROVIR 10 MG/ML VIAL	43960
RETROVIR 100 MG CAPSULE	44530
REYATAZ 150 MG CAPSULE	19952
REYATAZ 200 MG CAPSULE	19953
REYATAZ 300 MG CAPSULE	97430
REYATAZ 50 MG POWDER PACKET	36647
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SANDIMMUNE 25 MG CAPSULE	13911
SELZENTRY 150 MG TABLET	98734
SELZENTRY 300 MG TABLET	98739
SIROLIMUS 0.5 MG TABLET	28502
SIROLIMUS 1 MG TABLET	13696
SIROLIMUS 2 MG TABLET	19299
STAVUDINE 15 MG CAPSULE	26711
STAVUDINE 20 MG CAPSULE	26712
STAVUDINE 30 MG CAPSULE	26713
STAVUDINE 40 MG CAPSULE	26714
STRIBILD TABLET	33130
SUSTIVA 200 MG CAPSULE	43303
SUSTIVA 50 MG CAPSULE	43301
SUSTIVA 600 MG TABLET	15555



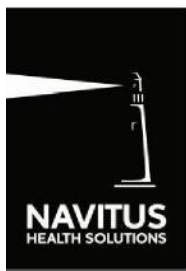
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TACROLIMUS 0.5 MG CAPSULE	28495
TACROLIMUS 1 MG CAPSULE	28491
TACROLIMUS 5 MG CAPSULE	28492
TIVICAY 50 MG TABLET	35079
TRIUMEQ TABLET	36999
TRIZIVIR TABLET	87691
TRUVADA 200 MG-300 MG TABLET	23152
VIDEX 2 GM PEDIATRIC SOLN	13361
VIDEX 4 GM PEDIATRIC 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 200 MG TABLET	31420
VIRAMUNE 50 MG/5 ML SUSP	31421
VIRAMUNE XR 100 MG TABLET	30935
VIRAMUNE XR 400 MG TABLET	29767
VIREAD 150 MG TABLET	31228
VIREAD 200 MG TABLET	31229
VIREAD 300 MG TABLET	14822
VIREAD POWDER	31227
VITEKTA 150 MG TABLET	35816
VITEKTA 85 MG TABLET	35807
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 300 MG TABLET	44533
ZIDOVUDINE 50 MG/5 ML SYRUP	44410
ZORTRESS 0.25 MG TABLET	24825
ZORTRESS 0.5 MG TABLET	24826
ZORTRESS 0.75 MG TABLET	24827



**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

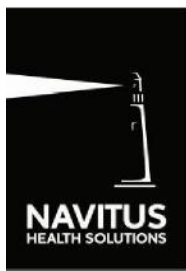
<b>Step 10 (history of antineoplastic agents)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 Days</b>	
<b>Label Name</b>	<b>GCN</b>
ALKERAN 2 MG TABLET	38380
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AVODART 0.5 MG SOFTGEL	18428
AZACITIDINE 100 MG VIAL	22663
BICALUTAMIDE 50 MG TABLET	00450
BICNU 100 MG VIAL	38440
BOSULIF 100 MG TABLET	33199
BOSULIF 500 MG TABLET	33202
CAPECITABINE 150 MG TABLET	31611
CAPECITABINE 500 MG TABLET	31612
CAPRELSA 100 MG TABLET	29817
CAPRELSA 300 MG TABLET	29818
CASODEX 50 MG TABLET	00450
COMETRIQ 100 MG DAILY-DOSE PK	33904
COMETRIQ 140 MG DAILY-DOSE PK	33903
COMETRIQ 60 MG DAILY-DOSE PK	33905
COSMEGEN 0.5 MG VIAL	96679
CYCLOPHOSPHAMIDE 25 MG CAPSULE	35317
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
CYTARABINE 100 MG/ML VIAL	34231
CYTARABINE 1000 MG/50 ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	34230
CYTARABINE 20 MG/ML VIAL	97825
DROXIA 200 MG CAPSULE	38402
DROXIA 300 MG CAPSULE	38403
DROXIA 400 MG CAPSULE	38404
DUTASTERIDE 0.5 MG CAPSULE	18428
EMCYT 140 MG CAPSULE	38700



**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

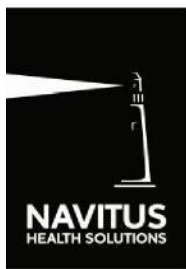
ERIVEDGE 150 MG CAPSULE	31307
ETOPOSIDE 1,000 MG/50 ML VIAL	07481
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 50 MG CAPSULE	07560
ETOPOSIDE 500 MG/25 ML VIAL	07481
EVISTA 60 MG TABLET	59011
EXEMESTANE 25 MG TABLET	92896
FARESTON 60 MG TABLET	42721
FARYDAK 10 MG CAPSULE	38008
FARYDAK 15 MG CAPSULE	38009
FARYDAK 20 MG CAPSULE	38011
FEMARA 2.5 MG TABLET	49541
FINASTERIDE 5 MG TABLET	30521
FLUOROURACIL 1,000 MG/20 ML	97456
FLUOROURACIL 2.5 GM/50 ML VIAL	97457
FLUOROURACIL 5 GM/100 ML VIAL	97458
FLUOROURACIL 500 MG/10 ML VIAL	97455
FLUTAMIDE 125 MG CAPSULE	25740
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
GLEOSTINE 10 MG CAPSULE	38431
GLEOSTINE 100 MG CAPSULE	38432
GLEOSTINE 40 MG CAPSULE	38433
HEXALEN 50 MG CAPSULE	34221
HYCAMTIN 0.25 MG CAPSULE	14254
HYCAMTIN 1 MG CAPSULE	14256
HYDROXYUREA 500 MG CAPSULE	38400
IBRANCE 100 MG CAPSULE	37826
IBRANCE 125 MG CAPSULE	37827
IBRANCE 75 MG CAPSULE	37825
ICLUSIG 15 MG TABLET	33873
ICLUSIG 45 MG TABLET	33874
IMBRUVICA 140 MG CAPSULE	35599
INLYTA 1 MG TABLET	31294
INLYTA 5 MG TABLET	31295





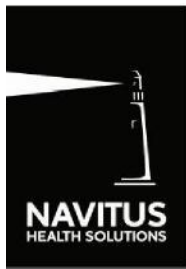
**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

IRESSA 250 MG TABLET	19586
LENVIMA 10 MG DAILY DOSE	37888
LENVIMA 14 MG DAILY DOSE	37887
LENVIMA 20 MG DAILY DOSE	37889
LENVIMA 24 MG DAILY DOSE	37886
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
MEKINIST 0.5 MG TABLET	34726
MEKINIST 2 MG TABLET	34727
MERCAPTOPYRINE 50 MG TABLET	38520
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 25 MG/ML VIAL	18936
METHOTREXATE 25 MG/ML VIAL	38466
MITOMYCIN 20 MG VIAL	38600
MITOMYCIN 5 MG VIAL	38601
MITOXANTRONE 20 MG/10 ML VIAL	07544
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
ONCASPAR 750 UNIT/ML VIAL	24231
PROSCAR 5 MG TABLET	30521
PURIXAN 20 MG/ML ORAL SUSPENSION	33277
RALOXIFENE HCL 60 MG TABLET	59011
RHEUMATREX 2.5 MG TABLET	17718
SOLTAMOX 10 MG/5 ML SOLN	50377
SPRYCEL 100 MG TABLET	99867



**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

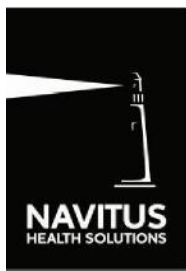
SPRYCEL 140 MG TABLET	29409
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SPRYCEL 80 MG TABLET	29405
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 37.5 MG CAPSULE	35596
SUTENT 50 MG CAPSULE	26454
SYNRIBO 3.5 MG/ML VIAL	33734
TABLOID 40 MG TABLET	10290
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARCEVA 25 MG TABLET	23795
TARGRETIN 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TEMODAR 100 MG CAPSULE	92913
TEMODAR 140 MG CAPSULE	98310
TEMODAR 180 MG CAPSULE	98311
TEMODAR 20 MG CAPSULE	92903
TEMODAR 250 MG CAPSULE	92933
TEMOZOLOMIDE 100 MG CAPSULE	92913
TEMOZOLOMIDE 140 MG CAPSULE	98310
TEMOZOLOMIDE 180 MG CAPSULE	98311
TEMOZOLOMIDE 20 MG CAPSULE	92903
TEMOZOLOMIDE 250 MG CAPSULE	92933
TEMOZOLOMIDE 5 MG CAPSULE	92893
TENIPOSIDE 50 MG/5 ML AMPULE	39000
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135
TREXALL 5 MG TABLET	13134
TREXALL 7.5 MG TABLET	38485



**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

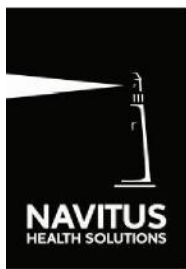
TYKERB 250 MG TABLET	98140
VINBLASTINE 1 MG/ML VIAL	38970
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VOTRIENT 200 MG TABLET	27829
XALKORI 200 MG CAPSULE	30458
XALKORI 250 MG CAPSULE	30457
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
XTANDI 40 MG CAPSULE	33183
ZELBORAF 240 MG TABLET	30332
ZOLINZA 100 MG CAPSULE	97345
ZYDELIG 100 MG TABLET	36884
ZYDELIG 150 MG TABLET	36885
ZYKADIA 150 MG CAPSULE	36447
ZYTIGA 250 MG TABLET	29886

<b>Step 11 (diagnosis of skin absorption disorder or skin malignancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
C430	MALIGNANT MELANOMA OF LIP
C4310	MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C4311	MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS
C4312	MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS
C4320	MALIGNANT MELANOMA OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C4321	MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C4322	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C4330	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE
C4331	MALIGNANT MELANOMA OF NOSE
C4339	MALIGNANT MELANOMA OF OTHER PARTS OF FACE
C434	MALIGNANT MELANOMA OF SCALP AND NECK
C4351	MALIGNANT MELANOMA OF ANAL SKIN
C4352	MALIGNANT MELANOMA OF SKIN OF BREAST



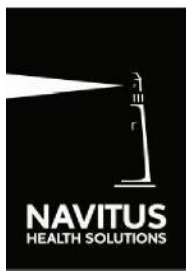
**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

C4359	MALIGNANT MELANOMA OF OTHER PART OF TRUNK
C4360	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4361	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4362	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4370	MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4371	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP
C4372	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP
C438	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN
C439	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED
C4400	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP
C4401	BASAL CELL CARCINOMA OF SKIN OF LIP
C4402	SQUAMOUS CELL CARCINOMA OF SKIN OF LIP
C4409	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP
C44101	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44102	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44109	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44111	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44112	BASAL CELL CARCINOMA OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44119	BASAL CELL CARCINOMA OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44121	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44122	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44129	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44191	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44192	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44199	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EYELID, INCLUDING CANTHUS



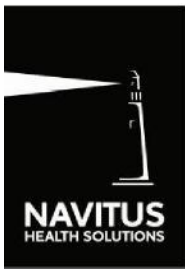
**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

C44201	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44202	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44209	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44211	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44212	BASAL CELL CARCINOMA OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44219	BASAL CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44221	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44222	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44229	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44291	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44292	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44299	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44300	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PART OF FACE
C44301	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF NOSE
C44309	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PARTS OF FACE
C44310	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE
C44311	BASAL CELL CARCINOMA OF SKIN OF NOSE
C44319	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE
C44320	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE
C44321	SQUAMOUS CELL CARCINOMA OF SKIN OF NOSE
C44329	SQUAMOUS CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE
C44390	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE
C44391	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF NOSE



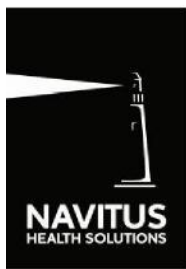
**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

C44399	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PARTS OF FACE
C4440	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK
C4441	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK
C4442	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK
C4449	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK
C44500	UNSPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN
C44501	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF BREAST
C44509	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK
C44510	BASAL CELL CARCINOMA OF ANAL SKIN
C44511	BASAL CELL CARCINOMA OF SKIN OF BREAST
C44519	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK
C44520	SQUAMOUS CELL CARCINOMA OF ANAL SKIN
C44521	SQUAMOUS CELL CARCINOMA OF SKIN OF BREAST
C44529	SQUAMOUS CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK
C44590	OTHER SPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN
C44591	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF BREAST
C44599	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK
C44601	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44602	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44609	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER
C44611	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44612	BASAL CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44619	BASAL CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER
C44621	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44622	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44629	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER



**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

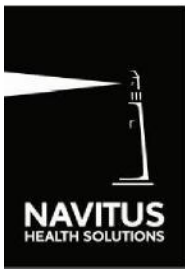
C44691	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44692	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44699	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER
C44701	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44702	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44709	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C44711	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44712	BASAL CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44719	BASAL CELL CARCINOMA OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C44721	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44722	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44729	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C44791	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44792	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44799	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C4480	UNSPECIFIED MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SKIN
C4481	BASAL CELL CARCINOMA OF OVERLAPPING SITES OF SKIN
C4482	SQUAMOUS CELL CARCINOMA OF OVERLAPPING SITES OF SKIN
C4489	OTHER SPECIFIED MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SKIN
C4490	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED
C4491	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED
C4492	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED
C4499	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED



**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

C460	KAPOSI'S SARCOMA OF SKIN
C8440	PERIPHERAL T-CELL LYMPHOMA, UNSPECIFIED SITE
C8441	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8442	PERIPHERAL T-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8443	PERIPHERAL T-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8444	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8445	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8446	PERIPHERAL T-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8447	PERIPHERAL T-CELL LYMPHOMA, SPLEEN
C8448	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8449	PERIPHERAL T-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
D030	MELANOMA IN SITU OF LIP
D0310	MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS
D0311	MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS
D0312	MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS
D0320	MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
D0321	MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
D0322	MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL
D0330	MELANOMA IN SITU OF UNSPECIFIED PART OF FACE
D0339	MELANOMA IN SITU OF OTHER PARTS OF FACE
D034	MELANOMA IN SITU OF SCALP AND NECK
D0351	MELANOMA IN SITU OF ANAL SKIN
D0352	MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE)
D0359	MELANOMA IN SITU OF OTHER PART OF TRUNK
D0360	MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
D0361	MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER
D0362	MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER
D0370	MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
D0371	MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP
D0372	MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP

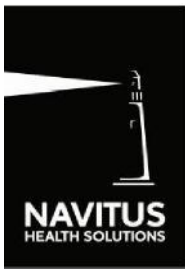




**Prior Authorization  
Topical Immunomodulators  
Elidel and Protopic 0.03%**

D038	MELANOMA IN SITU OF OTHER SITES
D039	MELANOMA IN SITU, UNSPECIFIED
Q802	LAMELLAR ICHTHYOSIS
Q803	CONGENITAL BULLOUS ICHTHYOSIFORM ERYTHRODERMA
Q808	OTHER CONGENITAL ICHTHYOSIS
Q809	CONGENITAL ICHTHYOSIS, UNSPECIFIED

<p><b>Step 12 (history of prior pimecrolimus/tacrolimus prescription <math>\leq</math> 180 days)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 200 Days</b></p>
<p>See the Topical Pimecrolimus/Tacrolimus Drugs table in Step 7.</p>



## Prior Authorization Topical Immunomodulators Protopic 0.1%

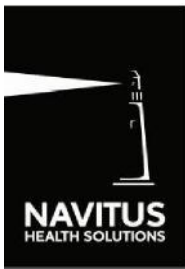
### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Label Name	GCN
PROTOPIC 0.1% OINTMENT	12302
TACROLIMUS 0.1% OINTMENT	12302

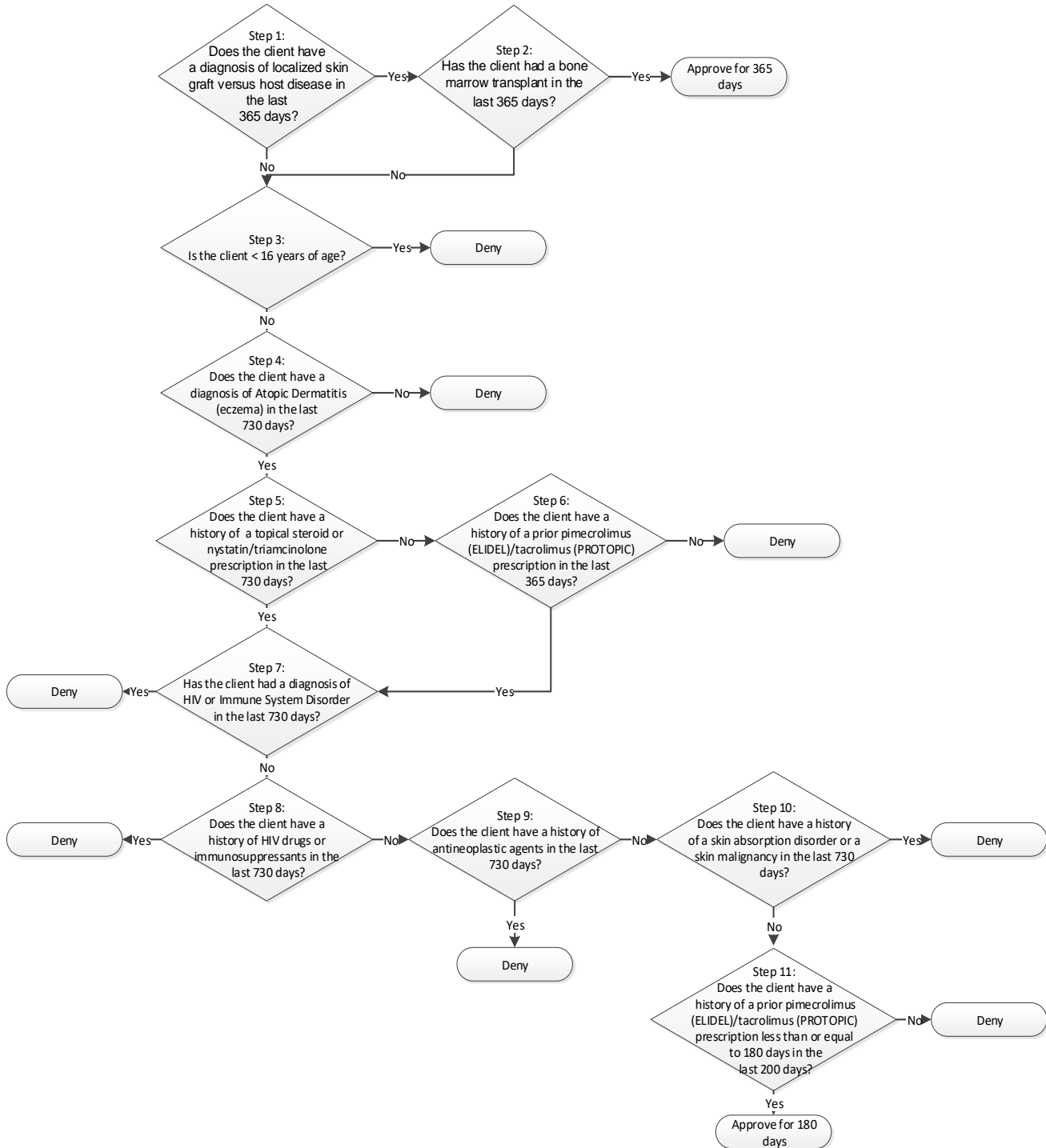
### Clinical Edit Criteria Logic

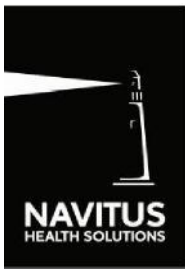
1. Does the client have a diagnosis of localized skin graft versus host disease in the last 365 days? <input type="checkbox"/> Yes (Go to #2) <input type="checkbox"/> No (Go to #3)
2. Has the client had a bone marrow transplant in the last 365 days? <input type="checkbox"/> Yes (Approve – 365 days) <input type="checkbox"/> No (Go to #3)
3. Is the client < 16 years of age? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #4)
4. Does the client have a diagnosis of Atopic Dermatitis (eczema) in the last 730 days? <input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Deny)
5. Does the client have a history of a topical steroid or nystatin / triamcinolone prescription in the last 730 days? <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No (Go to #6)
6. Does the client have a history of a prior pimecrolimus (ELIDEL) / tacrolimus (PROTOPIC) prescription in the last 365 days? <input type="checkbox"/> Yes (Go to #7) <input type="checkbox"/> No (Deny)
7. Has the client had a diagnosis of HIV or Immune System Disorder in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #8)
8. Does the client have a history of HIV drugs or immunosuppressants in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #9)
9. Does the client have a history of antineoplastic agents in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #10)
10. Does the client have a history of a skin absorption disorder or a skin malignancy in the last 730 days? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #11)
11. Does the client have a history of a prior pimecrolimus (ELIDEL) / tacrolimus (PROTOPIC) prescription ≤ 180 days in the last 200 days? <input type="checkbox"/> Yes (Approve – 180 days) <input type="checkbox"/> No (Deny)



# Prior Authorization Topical Immunomodulators Protopic 0.1%

## Clinical Edit Criteria Logic Diagram





# Prior Authorization Topical Immunomodulators Protopic 0.1%

## Clinical Edit Criteria Supporting Tables

**Step 1 (diagnosis of graft-versus-host disease)**

**Required diagnosis: 1**

**Look back timeframe: 365 Days**

see Step 1 in Elidel and Protopic 0.03% section above

**Step 2 (history of bone marrow transplant)**

**Required code: 1**

**Look back timeframe: 365 Days**

see Step 2 in Elidel and Protopic 0.03% section above

**Step 4 (diagnosis of atopic dermatitis)**

**Required diagnosis: 1**

**Look back timeframe: 730 Days**

see Step 5 in Elidel and Protopic 0.03% section above

**Step 5 (history of a topical steroid)**

**Required quantity: 1**

**Look back timeframe: 730 Days**

see Step 4 in Elidel and Protopic 0.03% section above

**Step 6 (history of a prior pimecrolimus/tacrolimus prescription)**

**Required quantity: 1**

**Look back timeframe: 365 Days**

see Step 7 in Elidel and Protopic 0.03% section above

**Step 7 (diagnosis of HIV or immune system disorder)**

**Required quantity: 1**

**Look back timeframe: 730 Days**

see Step 8 in Elidel and Protopic 0.03% section above

**Step 8 (history of HIV drugs or immunosuppressants)**

**Required quantity: 1**

**Look back timeframe: 730 Days**

see Step 9 in Elidel and Protopic 0.03% section above

**Step 9 (history of antineoplastic agents)**

**Required diagnosis: 1**

**Look back timeframe: 730 Days**

see Step 10 in Elidel and Protopic 0.03% section above

**Step 10 (diagnosis of skin absorption disorder or skin malignancy)**

**Required diagnosis: 1**

**Look back timeframe: 730 days**

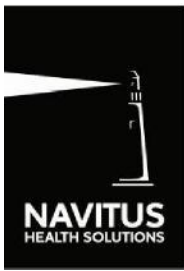
see Step 11 in Elidel and Protopic 0.03% section above

**Step 11 (history of a prior pimecrolimus/tacrolimus prescription)**

**Required quantity: 1**

**Look back timeframe: 200 Days**

see Step 7 in Elidel and Protopic 0.03% section above



# Prior Authorization Topical Immunomodulators Eucrisa

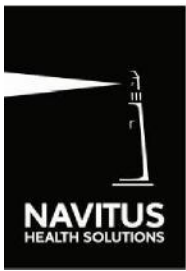
## Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Label Name	GCN
EUCRISA 2% OINTMENT	42792

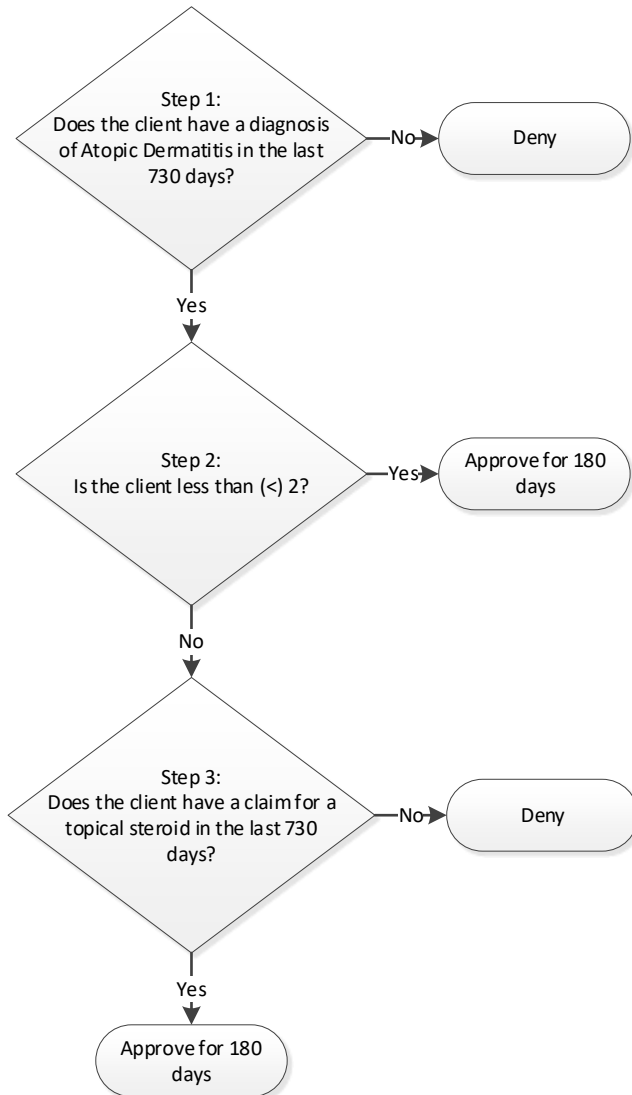
## Clinical Edit Criteria Logic

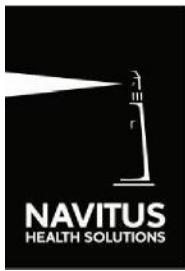
1. Does the client have a diagnosis of Atopic Dermatitis in the last 730 days? <input type="checkbox"/> Yes (Go to #2) <input type="checkbox"/> No (Deny)
2. Is the client less than (<) 2 years of age? <input type="checkbox"/> Yes (Approve – 180 days) <input type="checkbox"/> No (Go to #3)
3. Does the client have a claim for a topical steroid in the last 730 days? <input type="checkbox"/> Yes (Approve – 180 days) <input type="checkbox"/> No (Deny)



# Prior Authorization Topical Immunomodulators Eucrisa

## Clinical Edit Criteria Logic Diagram



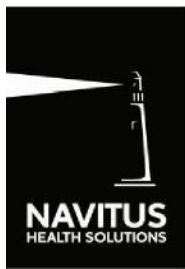


**Prior Authorization  
Topical Immunomodulators  
Eucrisa**

**Clinical Edit Criteria Supporting Tables**

**Step 1 (diagnosis of atopic dermatitis)**  
**Required diagnosis: 1**  
**Look back timeframe: 730 Days**  
see Step 5 in Elidel and Protopic 0.03% section above

**Step 3 (history of a topical steroid)**  
**Required quantity: 1**  
**Look back timeframe: 730 Days**  
see Step 4 in Elidel and Protopic 0.03% section above

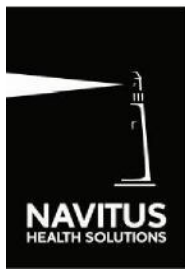


## Prior Authorization Topical Immunomodulators

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## Prior Authorization Topical Immunomodulators

### Publication History

Publication Date	Notes
04/05/12	Initial publication
07/21/16	Added ICD-10 diagnosis codes Added additional medications in steps 7 and 8 Updated dates Added additional Clinical Edit Criteria References
12/04/16	Added Tacrolimus to the Drugs Requiring Prior Authorization Updated GCNs in Step 7 table Updated GCNs in Step 8 table
02/22/17	Added a skin absorption disorder or a skin malignancy question to both the Elidel/Protopic .03% section and the Protopic 1% section Updated both clinical edit logic diagrams Updated Step 8 table Added Step 9 table for skin absorption disorder or a skin malignancy diagnoses
05/31/2017	Updated Table 3 – removed ICD-9/10s for diaper rash/dermatitis Added criteria for Eucrisa Added GCN for Eucrisa to Drugs Requiring PA Added criteria logic for Eucrisa Added logic diagram for Eucrisa Added supporting tables for Eucrisa Updated references
07/01/2018	Added criteria for Elidel and Protopic 0.03% Added criteria logic for Protopic 0.1% Updated logic diagram for Elidel and Protopic 0.03% Updated logic diagram for Protopic 0.1% Added supporting tables for Elidel and Protopic 0.03% Added supporting tables for Protopic 0.1%
5/10/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table
5/04/2020	Update criteria for Eucrisa Update logic diagram for Eucrisa
8/13/2020	Updated age requirements for Eucrisa in logic and logic diagram Updated Table 4 history of a topical steroid Updated references