

**Neighborhood Health Plan of Rhode Island  
Prior Authorization Form  
Elidel® (Pimecrolimus) and Protopic® (Tacrolimus)**

**Date of Request:** \_\_\_\_\_

If approval criteria are met, Neighborhood Health Plan of Rhode Island will authorize coverage of Elidel® (Pimecrolimus) or Protopic® (Tacrolimus). Failure to fill out this form will result in a rejection of this medication at the pharmacy. Thank you for your assistance.  
Please fax completed form to NHPRI at (401) 427-6754.

Please complete the following information:

<b>Member Name:</b> (required)	<b>Member ID Number:</b> (required) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
<b>Member Date of Birth:</b> (required) / /	<b>Member Sex:</b> M      F      (Circle One)								

<b>Prescriber Name:</b> (required)	<b>Contact Person at Office:</b>
<b>Office Phone number:</b> (required) (    ) -	<b>Office Fax Number:</b> (required) (    ) -

**Please be advised that the FDA has issued the following warning regarding the use of these topical immunomodulators:**

- Use Elidel and Protopic only as **second-line agents** for short-term and intermittent treatment of atopic dermatitis (eczema) in patients unresponsive to, or intolerant of other treatments.
- Avoid use of Elidel and Protopic in children younger than 2 years of age. The effect of Elidel and Protopic on the developing immune system in infants and children is not known. In clinical studies, infants and children younger than 2 years old treated with Elidel had a higher rate of upper respiratory infections than did those treated with placebo cream.
- Use Elidel and Protopic only for short periods of time, not continuously. The long term safety of Elidel and Protopic are unknown.
- Children and adults with a weakened or compromised immune system should not use Elidel or Protopic.
- Use the minimum amount of Elidel or Protopic needed to control the patient's symptoms. In animals, increasing the dose resulted in higher rates of cancer.

**In accordance with FDA guidance, NHPRI requires that ALL patients naïve to treatment with topical immunomodulators demonstrate prior claims evidence (within the past 90 days) of a topical corticosteroid. All topical corticosteroids will satisfy this contingent therapy requirement. A list of suggested products is provided.**

<u>Low Potency</u>	<u>Medium Potency</u>	<u>High Potency</u>	<u>Very High Potency</u>
Fluocinolone 0.01%	Betamethasone Diprionate 0.05%	Betamethasone Diprionate cream 0.05%	Augmented Betamethasone Diprionate ointment 0.05%
Desonide 0.05%	Betamethasone Valerate cream 0.1%	Augmented Betamethasone Diprionate cream 0.05%	Clobetasol 0.05%
Hydrocortisone 1%, 2.5%	Desoximetasone 0.05%	Betamethasone Valerate ointment 0.1%	Diflorasone 0.05%
	Fluocinolone 0.025%	Desoximetasone 0.05%, 0.25%	
	Triamcinolone 0.025%, 0.1%	Fluocinonide 0.05%	
		Triamcinolone 0.5%	

**ASSESSMENT OF BENEFIT NEED:**

	YES	NO
1. Has patient attempted a trial of a topical corticosteroid? If yes, please specify which product was tried _____.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a trial of a topical corticosteroid considered inappropriate for this patient? If yes, please give details _____.	<input type="checkbox"/>	<input type="checkbox"/>

Which product are you requesting?      Elidel       Protopic

**How long is the treatment with Elidel or Protopic?** \_\_\_\_\_

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**All information provided on this form is accurate as of this date.**

**Provider Signature:** \_\_\_\_\_ **NPI:** \_\_\_\_\_ **Date:** \_\_\_\_\_