

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

**Instructions:**

The General laws of the State of RI provide for a “generic first” Pharmacy Benefit for the State’s Managed Medicaid program. Use of brand name drugs is limited to specific “exempt” drug classes and cases where there is documented evidence that the patient has tried and failed therapy with generic drugs. This form is to be used by participating physicians and providers to obtain coverage for a brand name drug when there is evidence that the patient has tried and failed therapy with generic drugs. *Failure to complete this form will result in Neighborhood not paying for the ordered drug and may delay delivery of the drug to your patient.*

Please complete this form and **fax** to: Neighborhood Customer Service at fax # 866-423-0945.

To review the entire Neighborhood Formulary, please visit our website at:  
[http://www.nhpri.org/matriarch/MultiPiecePage.asp\\_Q\\_PageID\\_E\\_356](http://www.nhpri.org/matriarch/MultiPiecePage.asp_Q_PageID_E_356)

Please complete the following information:

<b>Member Name:</b> (required)	<b>Member ID Number:</b> (required)
<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) ( ) -

**Drug Requested** \_\_\_\_\_

**Directions** \_\_\_\_\_

**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.**

**Low Potency**

Fluocinolone 0.01%  
Desonide 0.05%

**Medium Potency**

Betamethasone Diprionate 0.05%  
Betamethasone Valerate cr 0.1%

**High Potency**

Betamethasone Diprionate cr 0.05%  
Augmented Betamethasone Diprionate cream 0.05%  
Betamethasone Valerate oint 0.1%  
Desoximetasone 0.05%, 0.25%  
Fluocinonide 0.05%  
Triamcinolone 0.5%

**Very High Potency**

Clobetasol 0.05%  
Augmented Betamethasone Diprionate oint 0.05%  
Diflorasone 0.05%

Hydrocortisone 1%, 2.5%

Desoximetasone 0.05%  
Fluocinolone 0.025%  
Triamcinolone 0.025%, 0.1%

**Please check all that apply:**

- Patient has failed therapy with topical corticosteroids (please list all failed drugs)  
\_\_\_\_\_
- Use of topical steroids is inappropriate for this patient (please provide specific information)  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **NPI** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please fax completed form to Neighborhood at 866-423-0945*