AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Pimecrolimus cream 1%	Page:	1 of 3
Effective Date:	8/27/2026	Last Review Date:	7/27/2026
Applies to:	☒Illinois		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for pimecrolimus cream 1% under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Pimecrolimus Cream, 1% is indicated as second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adults and children 2 years of age and older, who have failed to respond adequately to other topical prescription treatments, or when those treatments are not advisable.

Pimecrolimus Cream, 1% is not indicated for use in children less than 2 years of age.

Compendial Uses

- Psoriasis - on the face, genitals, or skin folds.
- Atopic Dermatitis for patients under 2 years of age.
- Vitiligo on the head or neck.

Applicable Drug List:

Pimecrolimus Cream 1%

Policy/Guideline:

Criteria for Initial Approval:

Atopic Dermatitis

Authorization may be granted when the requested drug is being prescribed for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (eczema) when ONE of the following criteria is met:

- The patient is less than 2 years of age.
- The requested drug will be used on sensitive skin areas (e.g., face, genitals, or skin folds).
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least ONE first line therapy agent (e.g., medium or higher potency topical corticosteroid).

Psoriasis

Authorization may be granted when the requested drug is being prescribed for the treatment of psoriasis on the face, genitals, or skin folds.

Vitiligo

Authorization may be granted when the requested drug is being prescribed for the treatment of vitiligo on the head or neck.

Criteria for Continuation of Therapy

Atopic Dermatitis

Authorization may be granted when the requested drug is being prescribed for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis (eczema) when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement [e.g., improvement in or resolution of any of the following signs and symptoms: erythema (redness), edema (swelling), xerosis (dry skin), erosions, excoriations (evidence of scratching), oozing and crusting, lichenification (epidermal thickening), OR pruritus (itching)].

Psoriasis

Authorization may be granted when the requested drug is being prescribed for the treatment of psoriasis on the face, genitals, or skin folds when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., clear, or almost clear outcome, patient satisfaction, etc.).

Vitiligo

Authorization may be granted when the requested drug is being prescribed for the treatment of vitiligo on the head or neck when the following criteria is met:

- The patient has achieved or maintained a positive clinical response as evidenced by improvement (e.g., meaningful repigmentation).

Approval Duration and Quantity Restrictions:

Initial Approval: 3 months

Renewal Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

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4. Eichenfield LF, Tom WL, et al. Guidelines of Care for the Management of Atopic Dermatitis: Section 2. Management and Treatment of Atopic Dermatitis with Topical Therapies. J Am Acad Dermatol. 2014; 71:116-32.

5. Sigurgeirsson B, Boznanski A, et al. Safety and Efficacy of Pimecrolimus in Atopic Dermatitis: A 5-Year Randomized Trial. Pediatrics. 2015:135(4): 594-606.
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7. Kubelis-López DE, Zapata-Salazar NA, et al. Updates and new medical treatments for vitiligo (Review). Exp Ther Med. 2021;22(2):797.
8. Eleftheriadou V, Atkar R, et al. British Association of Dermatologists guidelines for the management of people with vitiligo 2021. The British Journal of Dermatology. 2022;186(1):18-29.
9. Eichenfield LF, Tom WL, et. al. Guidelines of Care for the Management of Atopic Dermatitis: Section 1. Diagnosis and Assessment of Atopic Dermatitis. J Am Acad Dermatol 2014; 70:338-51.
10. Sidbury RS, Alikhan A, Berovitch L, et al. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. J Am Acad Dermatol. 2023: 89(1): e1-e20