

Drug Name: Elidel

Exception: Step Therapy is not required when the treatment area is the face

Common Use: Treatment of eczema

Coverage Requirement: A trial of a prescription strength topical corticosteroid prior to the use of Elidel.

betamethasone
clobetasol
hydrocortisone
triamcinolone acetonide

Coverage Rationale: There is no clinical evidence that one medication in this class is more effective than another. Generic and preferred medications should be considered first.

*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*