



**Drug Name:** Eucrisa ointment 2%

**Effective date:** 06/01/2020

**Reviewed:** 3/2020, 1/2021, 1/20/2022, 5/2023, 05/2024

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to formulary tacrolimus ointment AND pimecrolimus cream
<b>Quantity Limit:</b>	60 grams per 30 days
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Eucrisa ointment 2% will pay if there is at least one paid claim within the last 365 days of formulary tacrolimus ointment (0.03% or 0.1%) AND pimecrolimus cream 1%