



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANTIPSORIATIC AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Various generic topical corticosteroids (ex. betamethasone dipropionate cream, betamethasone valerate cream/ointment/foam, clobetasol gel/ointment/solution, fluocinonide cream, halobetasol, hydrocortisone acetate, mometasone; list not all inclusive, see Topical Corticosteroids PA) Calcipotriene cream, topical solution generic Oxsoralen Ultra (methoxsalen) Soriatane (acitretin) Tazorac (tazarotene)	Acitretin generic Calcipotriene ointment generic Calcipotriene/betamethasone ointment generic Calcitriol ointment generic Enstilar (calcipotriene/betamethasone foam) Methoxsalen generic Sorilux (calcipotriene foam) Taclonex Ointment (calcipotriene/betamethasone) Taclonex Suspension (calcipotriene/betamethasone) Vectical (calcitriol ointment)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- ❖ PA criteria for Tazorac for members  $\geq 30$  years of age is found in the Topical Anti-Acne PA Summary.
- ❖ If generic calcitriol ointment is approved, the PA will be issued for brand Vectical.
- ❖ If generic calcipotriene/betamethasone ointment is approved, the PA will be issued for brand Taclonex.

**PA CRITERIA:**

*Acitretin*

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, brand Soriatane, is not appropriate for the member.

*Calcipotriene Ointment Generic*

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, generic calcipotriene cream, is not appropriate for the member.

*Calcipotriene/Betamethasone Ointment Generic, Enstilar and Taclonex Ointment*

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the separate preferred products, generic calcipotriene cream and generic betamethasone dipropionate 0.05% cream, are not appropriate for the member.

*Calcitriol Ointment Generic, Sorilux and Vectical*

- ❖ Approvable for members with mild to moderate plaque psoriasis who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and generic calcipotriene cream.



*Methoxsalen Generic*

- ❖ Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, brand OxSORALEN Ultra, is not appropriate for the member.

*Taclonex Suspension*

- ❖ Approvable for members with psoriasis of the scalp who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and generic calcipotriene solution.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.