

## CIMZIA PA SUMMARY

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *The criteria details below are for the outpatient pharmacy program. If this medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at [www.ghp.georgia.gov](http://www.ghp.georgia.gov).*

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of Crohn's Disease in members who have tried and failed at least two other therapies for Crohn's Disease, one of which must have been a corticosteroid.

**EXCEPTIONS:**

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

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.