



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPRURITICS, TOPICAL PA SUMMARY

Preferred	Non-Preferred
n/a	Doxepin cream 5% generic Prudoxin (doxepin cream 5%) Zonalon (doxepin cream 5%)

LENGTH OF AUTHORIZATION: 1 month

NOTE: If brand Prudoxin or brand Zonalon is approved, the PA will be issued for generic doxepin cream.

PA CRITERIA:

Doxepin Cream Generic, Prudoxin and Zonalon

- ❖ Approvable for members with a diagnosis of atopic dermatitis (eczema) who have experienced ineffectiveness, allergies contraindications, drug-drug interactions or intolerable side effects to topical corticosteroid, topical calcineurin inhibitor (pimecrolimus [Elidel], tacrolimus [Protopic]) and crisaborole (Eucrisa).
- ❖ Approvable for members with a diagnosis of lichen simplex chronicus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 2 topical corticosteroids and an oral antihistamine.

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 www.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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.