



**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

**PA CRITERIA:**

*Doxepin Cream Generic, Prudoxin and Zonalon*

- ❖ Approvable for members with a diagnosis of 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.