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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Doxepin cream 5% generic</td>
</tr>
<tr>
<td></td>
<td>Prudoxin (doxepin cream 5%)</td>
</tr>
<tr>
<td></td>
<td>Zonalon (doxepin cream 5%)</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 month

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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.