



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

Preferred	Non-Preferred
Various generic topical corticosteroids (see Corticosteroids Topical PA or PDL) Acitretin generic Calcipotriene cream, topical solution generic Methoxsalen generic	Calcipotriene ointment generic Calcipotriene/betamethasone ointment generic Calcitriol ointment generic Enstilar (calcipotriene/betamethasone foam) Sorilux (calcipotriene foam) Taclonex (calcipotriene/betamethasone ointment and suspension) Vtama (tapinarof cream) Zoryve (roflumilast cream and foam)

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

Calcipotriene Ointment Generic

- ❖ Prescriber 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

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

Calcitriol Ointment Generic and Sorilux

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

Taclonex Suspension

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

Vtama

- ❖ Approvable for members 18 years of age or older with a diagnosis of plaque psoriasis with 20% or less body surface area (BSA) affected who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with two topical corticosteroids (e.g., betamethasone, clobetasol, desonide), a topical vitamin D analog (e.g., calcipotriene, calcitriol), a topical corticosteroid and a topical vitamin D analog together, and phototherapy unless not a candidate for phototherapy.

Zoryve

- ❖ For 0.3% cream, approvable for members 6 years of age or older with a diagnosis of plaque psoriasis with 20% or less body surface area (BSA) affected who have experienced



inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with two topical corticosteroids (e.g., betamethasone, clobetasol, desonide), a topical vitamin D analog (e.g., calcipotriene, calcitriol), a topical corticosteroid and a topical vitamin D analog together, and phototherapy unless not a candidate for phototherapy.

- ❖ For 0.15% cream, approvable for members 6 years of age or older with a diagnosis of mild to moderate atopic dermatitis with 20% or less body surface area (BSA) affected who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids (e.g., fluocinolone, fluticasone, hydrocortisone, mometasone), calcineurin inhibitors [e.g., pimecrolimus (Elidel), tacrolimus (Protopic)] and crisaborole (Eucrisa).
- ❖ For 0.3% foam, approvable for members 9 years of age or older with a diagnosis of seborrheic dermatitis who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least two topical corticosteroids (e.g., betamethasone, clobetasol) and a topical antifungal (e.g., ketoconazole, ciclopirox).

#### **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.