



**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 Ointment (calcipotriene/betamethasone) Taclonex Suspension (calcipotriene/betamethasone) Vectical (calcitriol ointment) Vtama (tapinarof cream) Zoryve (roflumilast cream)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- If generic calcitriol ointment is approved, the PA will be issued for brand Vectical.

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 dipropionate 0.05% cream, are not appropriate for the member.

Calcitriol Ointment Generic, Sorilux and Vectical

- ❖ 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 from 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

- ❖ Approvable for members 12 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 from 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.

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.