GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIPSORIATIC AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various generic topical corticosteroids (see Corticosteroids Topical PA or PDL)</td>
<td>Calcipotriene ointment generic</td>
</tr>
<tr>
<td>Acitretin generic</td>
<td>Calcipotriene/betamethasone ointment generic</td>
</tr>
<tr>
<td>Calcipotriene cream, topical solution generic</td>
<td>Calcitroil ointment generic</td>
</tr>
<tr>
<td>Methoxsalen generic</td>
<td>Enstilar (calcipotriene/betamethasone foam)</td>
</tr>
<tr>
<td>Tazarotene cream generic</td>
<td>Sorilux (calcipotriene foam)</td>
</tr>
<tr>
<td></td>
<td>Taclonex Ointment (calcipotriene/betamethasone)</td>
</tr>
<tr>
<td></td>
<td>Taclonex Suspension (calcipotriene/betamethasone)</td>
</tr>
<tr>
<td></td>
<td>Vectical (calcitroil ointment)</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- PA criteria for tazarotene cream generic is found in the Acne and Rosacea Topical criteria.
- If generic calcitroil ointment is approved, the PA will be issued for brand Vectical.
- If generic calcipotriene/betamethasone ointment is approved, the PA will be issued for brand Taclonex.

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.

**Calcitroil 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.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.

Revised 6/13/2022
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.