



**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 Tazarotene cream 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)

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- PA criteria for tazarotene cream generic is found in the Acne and Rosacea Topical criteria.
- If generic calcitriol 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.

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.

**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.