GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIPSORIATIC AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Various generic topical corticosteroids (see Topical Corticosteroids PA)</td>
<td>Calcipotriene ointment generic</td>
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<tr>
<td>Acitretin generic</td>
<td>Calcipotriene/betamethasone ointment generic</td>
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<tr>
<td>Calcipotriene cream, topical solution generic</td>
<td>Calcitriol ointment generic</td>
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<tr>
<td>Oxsoralen Ultra (methoxsalen)</td>
<td>Enstilar (calcipotriene/betamethasone foam)</td>
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<td>Tazorac (tazarotene)</td>
<td>Methoxsalen generic</td>
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<td></td>
<td>Sorilux (calcipotriene foam)</td>
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<td></td>
<td>Taclonex Ointment (calcipotriene/betamethasone)</td>
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<td></td>
<td>Taclonex Suspension (calcipotriene/betamethasone)</td>
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<td></td>
<td>Vectical (calcitriol ointment)</td>
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**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- PA criteria for Tazorac for members ≥ 30 years of age is found in the Topical Anti-Acne PA Summary.
- 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**

- Prescribers 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**

- Prescribers 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 mild to moderate plaque psoriasis who have tried and failed to receive therapeutic benefit from a generic topical corticosteroid and generic calcipotriene cream.

**Methoxsalen Generic**

- Prescribers must submit a written letter of medical necessity stating the reasons the preferred product, brand Oxsoralen Ultra, is not appropriate for the member.
Taclonex Suspension

❖ Approvable for members with 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](http://dch.georgia.gov/preferred-drug-lists).

PA and APPEAL PROCESS:

- For online access to the PA process, please go to [http://dch.georgia.gov/prior-authorization-process-and-criteria](http://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.