



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOMODULATORS, TOPICAL PA SUMMARY**

Preferred	Non-Preferred
Eucrisa (crisaborole ointment) Hyftor (sirolimus gel)* Tacrolimus ointment generic	Opzelura (ruxolitinib cream) Pimecrolimus cream generic

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Hyftor is preferred but requires prior authorization (PA).

PA CRITERIA:

Hyftor

- ❖ Approvable for member 6 years of age and older with a diagnosis of facial angiofibroma associated with tuberous sclerosis confirmed by a pathogenic variant in the tuberous sclerosis complex 1 (TSC1) gene or tuberous sclerosis complex 2 (TSC2) gene per genetic testing or clinical diagnostic criteria suggest a definitive diagnosis of tuberous sclerosis complex; *AND*
- ❖ Member has three or more facial angiofibromas that are at least 2 mm in diameter with redness in each; *AND*
- ❖ Medication is being prescribed by or in consultation with a dermatologist or prescriber who specializes in the management of tuberous sclerosis complex.

Opzelura

- ❖ Approvable for members 2 years of age and older with a diagnosis of mild to moderate atopic dermatitis (AD, eczema) who have 20% or less of body surface area (BSA) affected and have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids (e.g., fluocinolone, fluticasone, hydrocortisone, mometasone), topical calcineurin inhibitor therapy [e.g., pimecrolimus (Elidel), tacrolimus (Protopic)] and topical crisaborole (Eucrisa).
- ❖ Approvable for members 12 years of age and older with a diagnosis of nonsegmental vitiligo when other causes of depigmentation has been ruled out who have 10% or less of BSA affected and have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids (e.g., fluticasone, mometasone, betamethasone, triamcinolone, clobetasol, halobetasol) and topical calcineurin inhibitor therapy [e.g., pimecrolimus (Elidel), tacrolimus (Protopic)].

Pimecrolimus Cream Generic

- ❖ Approvable for members 2 years of age and older with a diagnosis of mild to moderate atopic dermatitis (AD, eczema) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids (e.g., fluocinolone, fluticasone, hydrocortisone, mometasone) and topical tacrolimus (Protopic).

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.