



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

| Preferred | Non-Preferred |
|---|------------------------|
| Elidel (pimecrolimus) Eucrisa (crisaborole) Tacrolimus ointment generic | Opzelura (ruxolitinib) |

LENGTH OF AUTHORIZATION: Initial 3 months; renewal 6 months

PA CRITERIA:

Opzelura

- ❖ Approvable for members 12 years of age and older with a diagnosis of mild to moderate atopic dermatitis (eczema) who have experienced an inadequate response or allergies, contraindications, drug-drug interactions, or intolerable side effects with topical corticosteroids, Elidel or topical tacrolimus (Protopic), and Eucrisa.

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.