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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elidel (pimecrolimus)</td>
<td>Opzelura (ruxolitinib)</td>
</tr>
<tr>
<td>Eucrisa (crisaborole)</td>
<td></td>
</tr>
<tr>
<td>Tacrolimus ointment generic</td>
<td></td>
</tr>
</tbody>
</table>

**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](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.