GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOSUPPRESSIVES, ORAL MEDICATIONS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tr>
<td>Cellcept suspension (mycophenolic mofetil)</td>
<td>Astagraf XL (tacrolimus extended-release capsules)</td>
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<tr>
<td>Cyclosporine generic</td>
<td>Envarsus XR (tacrolimus extended-release tablets)</td>
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<td>Mycophenolic mofetil capsules, tablets generic</td>
<td>Mycophenolic mofetil suspension generic</td>
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<tr>
<td>Mycophenolic acid delayed-release generic</td>
<td>Prograf Granules (tacrolimus for oral suspension)</td>
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<tr>
<td>Sirolimus generic</td>
<td>Zortress (everolimus)</td>
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<td>Tacrolimus immediate-release generic</td>
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</table>

*PA only required for members 18 years or older

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**
- Cellcept suspension does not require prior authorization for members <18 years of age.
- If mycophenolic mofetil suspension generic is approved, the PA will be issued for brand Cellcept suspension.

**PA CRITERIA:**

**Astagraf XL and Envarsus XR**
- For the prophylaxis of organ rejection in kidney (renal) transplantation, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic tacrolimus immediate-release, is not appropriate for the member.

**Cellcept Suspension and Mycophenolic Mofetil Suspension Generic**
- Approvable for members with a body surface area (BSA) <1.25 m².

**Prograf Granules**
- Approvable for members less than 18 years of age who are unable to swallow solid oral dosage forms of medication (i.e., tablets, capsules).

**Zortress**
- Approvable for members 18 years of age or older when used for the prophylaxis of organ rejection in kidney (renal) transplantation who are at low-to-moderate immunologic risk. For this indication, Zortress must be administered with basiliximab (Simulect), with reduced doses of cyclosporine and with corticosteroids.
- Approvable for members 18 years of age or older when used for the prophylaxis of allograft rejection who are at least 30 days post-liver (hepatic) transplant. For this indication, Zortress must be administered with reduced doses of tacrolimus and with corticosteroids.
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.