

**GEORGIA MEDICAID FEE-FOR-SERVICE  
ULCERATIVE COLITIS AGENTS PA SUMMARY**

Preferred	Non-Preferred
<b><i>Mesalamine</i></b>	
Mesalamine 1.2 mg DR tablets (generic Lialda) Mesalamine 0.375 mg ER capsules (generic Apriso) Mesalamine rectal suppositories generic Pentasa (mesalamine 250 mg and 500 mg ER capsules)	Mesalamine 400 mg DR capsules (generic Delzicol) Mesalamine 800 mg DR tablets (generic Asacol HD) Mesalamine rectal enema/kit generic SFRowasa (mesalamine sulfite-free rectal enema)
<b><i>Salicylates</i></b>	
Balsalazide generic Sulfasalazine IR and DR generic	Dipentum (olsalazine)
<b><i>Corticosteroids</i></b>	
Hydrocortisone enema and suppositories generic Prednisone generic Prednisolone generic	Budesonide ER tablets and rectal foam generic

IR=immediate-release; DR=delayed-release; ER=extended-release

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*Mesalamine 400 mg DR Capsules and Mesalamine 800 mg DR Tablets Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic mesalamine (Apriso, Lialda) and brand Pentasa, are not appropriate for the member.

*Mesalamine Rectal Enema/Kit Generic and SFRowasa*

- ❖ Approvable for members 18 years of age or older with a diagnosis of mild to moderate active ulcerative proctosigmoiditis.
- ❖ For members 18 years of age or older with a diagnosis of mild to moderate active ulcerative colitis (UC) or proctitis, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic mesalamine rectal suppositories, is not appropriate for the member.

*Dipentum*

- ❖ Approvable for members 18 years of age or older with a diagnosis of mild to moderate active ulcerative colitis who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with sulfasalazine.

*Budesonide ER Tablets Generic and Budesonide Rectal Foam Generic*

- ❖ Approvable for members 18 years of age or older with mild to moderate ulcerative colitis that have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with topical and oral mesalamines as well as have experienced an inadequate response with another topical and oral corticosteroid.



### **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](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.