



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

Preferred	Non-Preferred
Mesalamine	
Apriso (mesalamine) Delzicol (mesalamine) Lialda (mesalamine) Mesalamine rectal suppository generic Pentasa (mesalamine)	Mesalamine 800 mg DR generic Mesalamine rectal enema/kit generic SFRowasa (mesalamine sulfite-free rectal enema)
Salicylates	
Balsalazide 750 mg capsules generic Sulfasalazine IR and DR generic	Dipentum (olsalazine)* Giazo (balsalazide 1.1 g tablets)
Corticosteroids	
Prednisone generic Prednisolone generic	Uceris (budesonide)

IR=immediate-release; DR=delayed-release; *non-preferred but does not require PA

LENGTH OF AUTHORIZATION: 3 months for Uceris; 1 year for others

NOTE: Dipentum is non-preferred but does not require prior authorization.

PA CRITERIA:

Mesalamine 800 mg Delayed-Release Generic

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

Mesalamine Rectal Enema/Kit Generic and SFRowasa

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

Giazo

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

Uceris

- ❖ 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 topical and oral 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.