TOPICAL IMMUNOMODULATORS PA SUMMARY

<table>
<thead>
<tr>
<th>PREferred</th>
<th>Protopic, Elidel</th>
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<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>None</td>
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LENGTH OF AUTHORIZATION: 3 months

PA CRITERIA:
- These agents are not covered for members less than 2 years old.
- For members 2 to 12 years of age, the physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least one prescription strength topical steroid (some exceptions are made when application is on the face for this age range).
- For members over 12 years of age, the physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 prescription strength topical steroids (from different potency groups).

EXCEPTIONS:
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling SXC Health Solutions at 1-866-525-5827.

PA and Appeal Process:
- For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:
- For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.