

## TOPICAL IMMUNOMODULATORS PA SUMMARY

<b>PREFERRED</b>	Protopic, Elidel
<b>NON-PREFERRED</b>	None

**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](http://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](http://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.