ANTIPSORIATIC AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Generic topical corticosteroids (ex. betamethasone, clobetasol, fluocinonide, halobetasol, mometasone; most generic topical corticosteroids are preferred; list not all inclusive), Dovonex cream (brand)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Calcipotriene 0.005% topical cream/ointment/solution (generic), Calcitriol ointment (generic), Sorilux, Taclonex ointment, Taclonex scalp, Tazorac cream/gel, Vectical</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 Year

NOTE: PA criteria for Tazorac is found in the Topical Anti-Acne criteria. If generic calcitriol ointment is approved, the PA will be issued for brand-name Vectical.

PA CRITERIA:

For Calcipotriene Topical Solution (generic)
- Approvable for psoriasis of the scalp when documentation is submitted of trial and failure of a generic topical corticosteroid.

For Calcipotriene Topical Cream or Ointment (generic)
- Physician must submit documentation of trial and failure of a generic topical corticosteroid and brand-name Dovonex cream.

For Sorilux or Vectical (brand or generic calcitriol)
- Approvable for treatment of mild to moderate plaque psoriasis when documentation is submitted of trial and failure of a generic topical corticosteroid and brand-name Dovonex cream.

For Taclonex Scalp
- Approvable for psoriasis of the scalp when documentation is submitted of trial and failure of a generic topical corticosteroid.

For Taclonex Ointment
- Physician must submit a written letter of medical necessity stating the reason(s) the separate preferred products, Dovonex cream and betamethasone dipropionate 0.05% are not appropriate for the member.

EXCEPTIONS:
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling Catamaran 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”.

Revised 1/8/2013
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.