



**GEORGIA MEDICAID FEE-FOR-SERVICE
IMMUNOSUPPRESSIVES, ORAL MEDICATIONS PA SUMMARY**

Preferred	Non-Preferred
Cellcept suspension (mycophenolic mofetil) Cyclosporine generic Mycophenolic mofetil capsules, tablets generic Mycophenolic acid delayed-release generic Sirolimus generic Tacrolimus immediate-release generic	Astagraf XL (tacrolimus extended-release capsules) Envarsus XR (tacrolimus extended-release tablets) Mycophenolic mofetil suspension generic Prograf Granules (tacrolimus for oral suspension) Zortress (everolimus)

*PA only required for members 18 years or older

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- Cellcept suspension does not require prior authorization for members <18 years of age.
- If mycophenolic mofetil suspension generic is approved, the PA will be issued for brand Cellcept suspension.

PA CRITERIA:

Astagraf XL and Envarsus XR

- ❖ For the prophylaxis of organ rejection in kidney (renal) transplantation, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic tacrolimus immediate-release, is not appropriate for the member.

Cellcept Suspension and Mycophenolic Mofetil Suspension Generic

- ❖ Approvable for members with a body surface area (BSA) <1.25 m².

Prograf Granules

- ❖ Approvable for members less than 18 years of age who are unable to swallow solid oral dosage forms of medication (i.e., tablets, capsules).

Zortress

- ❖ Approvable for members 18 years of age or older when used for the prophylaxis of organ rejection in kidney (renal) transplantation who are at low-to-moderate immunologic risk. For this indication, Zortress must be administered with basiliximab (Simulect), with reduced doses of cyclosporine and with corticosteroids.
- ❖ Approvable for members 18 years of age or older when used for the prophylaxis of allograft rejection who are at least 30 days post-liver (hepatic) transplant. For this indication, Zortress must be administered with reduced doses of tacrolimus and with 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.