

GEORGIA MEDICAID FEE-FOR-SERVICE IMMUNOMODULATORS, TOPICAL PA SUMMARY

Preferred	Non-Preferred
Elidel (pimecrolimus cream) Eucrisa (crisaborole ointment) Hyftor (sirolimus gel)* Tacrolimus ointment generic	Opzelura (ruxolitinib cream)

^{*}preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Hyftor

- ❖ Approvable for member 6 years of age and older with a diagnosis of facial angiofibroma associated with tuberous sclerosis confirmed by a pathogenic variant in the tuberous sclerosis complex 1 (TSC1) gene or tuberous sclerosis complex 2 (TSC2) gene per genetic testing or clinical diagnostic criteria suggest a definitive diagnosis of tuberous sclerosis complex; AND
- ❖ Member has three or more facial angiofibromas that are at least 2 mm in diameter with redness in each; AND
- Medication is being prescribed by or in consultation with a dermatologist or prescriber who specializes in the management of tuberous sclerosis complex.

Opzelura

- ❖ Approvable for members 12 years of age and older with a diagnosis of mild to moderate atopic dermatitis (eczema) who have 20% or less of body surface area (BSA) affected and have experienced an inadequate response or allergies, contraindications, drug-drug interactions or intolerable side effects with topical corticosteroids (e.g., fluocinolone, fluticasone, hydrocortisone, mometasone), topical calcineurin inhibitor therapy [e.g., pimecrolimus (Elidel), tacrolimus (Protopic)] and topical crisaborole (Eucrisa).
- Approvable for members 12 years of age and older with a diagnosis of nonsegmental vitiligo when other causes of depigmentation has been ruled out who have 10% or less of BSA affected and have experienced an inadequate response or allergies, contraindications, drugdrug interactions or intolerable side effects with topical corticosteroids (e.g., fluticasone, mometasone, betamethasone, triamcinolone, clobetasol, halobetasol) and topical calcineurin inhibitor therapy [e.g., pimecrolimus (Elidel), tacrolimus (Protopic)].

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.