



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

<b>Preferred</b>	<b>Non-Preferred</b>
Elidel (pimecrolimus)	Tacrolimus ointment generic
Protopic (tacrolimus)	

**LENGTH OF AUTHORIZATION:** 3 months

**PA CRITERIA:**

*Elidel, Protopic, Tacrolimus Ointment Generic*

- ❖ Elidel and Protopic are approvable for the diagnosis of atopic dermatitis (eczema).
- ❖ For members 2 to 15 years of age, the member must have experienced ineffectiveness, 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 15 years of age, the member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 prescription strength topical steroids (from different potency groups).
- ❖ In addition, Protopic 0.1% is only approvable for members 16 years of age or older.
- ❖ In addition for generic tacrolimus ointment, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Protopic, is 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 **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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.