

## ZOLINZA PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 6 months

**PA CRITERIA:**

- ❖ Approvable for the treatment of progressive, persistent, or recurrent cutaneous manifestations of cutaneous T-cell lymphoma (CTCL) in members who have failed at least two systemic therapies.
- ❖ For repeat authorizations, initial therapy with Zolinza must have resulted in  $\geq 50\%$  improvement in disease manifestations of CTCL.

**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.