

FLO-PRED ORAL SUSPENSION PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ For members able to swallow solid oral dosage forms, submit a written letter of medical necessity stating the reason(s) that the preferred products, prednisolone acetate syrup and prednisolone acetate tablets, are not appropriate for the member.
- ❖ If member cannot swallow tablets, submit a written letter of medical necessity stating the reason(s) that the preferred liquid product, prednisolone acetate syrup, 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 **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, 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.