

ANTABUSE PA SUMMARY

PREFERRED	Disulfiram 250mg tablets (generic), Disulfiram 500mg tablets (generic) – PA required
NON-PREFERRED	Antabuse 250mg, 500mg tablets (brand)

LENGTH OF AUTHORIZATION: 1 year

NOTE: Disulfiram 250mg tablets (generic) are preferred without prior authorization. Disulfiram 500mg tablets are preferred, but require PA.

PA CRITERIA:

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, generic Disulfiram 250mg, 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.