

FENTANYL PA SUMMARY

LENGTH OF AUTHORIZATION: 6 Months

PA CRITERIA:

- ❖ Due to rebates provided by the brand manufacturer of Duragesic, the branded product costs less than fentanyl, the generic version of the product. Providers are requested to prescribe Duragesic brand patches which do not require prior authorization.

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.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.