

ANTABUSE 250mg PA SUMMARY

PREFERRED	Antabuse 500mg, Disulfiram 250mg
NON-PREFERRED	Antabuse 250mg

LENGTH OF AUTHORIZATION: 1 year

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.