

LACTULOSE PA SUMMARY

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

For Kristalose (packets for reconstitution)

- ❖ Approvable for the diagnosis of constipation

AND

- ❖ Submit a written letter of medical necessity stating the reason the preferred product, lactulose solution, is not appropriate for the member.

For Lactulose Oral Solution

- ❖ Approvable for the diagnosis of chronic constipation (including IBS) or encephalopathy associated with hyperammonemia

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.