

TRIAMCINOLONE ACETONIDE INJECTION PA SUMMARY

PREFERRED	Kenalog-10 10mg/mL injection, Kenalog-40 40mg/mL injection
NON-PREFERRED	Triamcinolone acetonide 10mg/mL injection, Triamcinolone acetonide 40mg/mL injection

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the inactive ingredients in brand name Kenalog injection (preferred medication).

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.