



MESALAMINE PRODUCTS PA SUMMARY

PREFERRED	Apriso, Canasa, Delzicol, Mesalamine Enema (generic), Mesalamine Kit (generic), Pentasa (250mg), SFRowasa
NON-PREFERRED	Asacol (400mg), Asacol HD (800mg), Lialda, Pentasa (500mg)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

For Asacol HD or Lialda

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred products are not appropriate for the member.

For Pentasa 500mg

- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred product, Pentasa 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 **Catamaran 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.