

## FLO-PRED ORAL SUSPENSION PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

❖ Approvable for members with a history of intolerable side effects to the inactive ingredients in prednisolone acetate 5 mg oral tablets (preferred product) and prednisolone acetate syrup (preferred liquid product)

*OR*

❖ Approvable for members who are unable to swallow oral dosage forms or liquids

*AND*

❖ Submit documentation of intolerable side effects to prednisolone acetate syrup (preferred liquid product)

**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](http://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](http://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.