



## SANTYL PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

- ❖ Approvable for debridement of chronic dermal ulcers (pressure ulcers, venous ulcers, or diabetic ulcers) or severely burned areas when the member is not a candidate for surgical debridement
- ❖ The member must have tried and failed an autolytic debridement therapy (hydrocolloids [ex. Duoderm, Biafine, numerous others] or hydrogels {ex. Amerigel, numerous others] unless the wound is infected or has moderate to heavy exudate

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