



**GEORGIA MEDICAID FEE-FOR-SERVICE
CORTICOSTEROID COMBINATIONS PA SUMMARY**

Preferred	Non-Preferred
Analpram-HC (hydrocortisone/pramoxine rectal lotion) Epifoam (hydrocortisone /pramoxine foam) Lidocaine/hydrocortisone rectal cream and gel Pramcort (hydrocortisone/pramoxine rectal cream) Pramosome (hydrocortisone /pramoxine cream and lotion) Proctofoam-HC (hydrocortisone/pramoxine rectal foam)	Analpram-HC (hydrocortisone/pramoxine rectal cream) Hydrocortisone (HC)/pramoxine rectal cream Procort (hydrocortisone/pramoxine rectal cream)

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

Non-Preferred Products

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred hydrocortisone/pramoxine products (see table above) are 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 **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.