



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

<b>Preferred</b>	<b>Non-Preferred</b>
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.