



GEORGIA MEDICAID FEE-FOR-SERVICE CORTICOSTEROIDS, ORAL PA SUMMARY

Preferred	Non-Preferred
<p>Budesonide delayed-release capsules generic (generic Entocort EC)</p> <p>Dexamethasone tablets, oral liquids generic</p> <p>Hydrocortisone tablets generic</p> <p>Medrol 2 mg (methylprednisolone)</p> <p>Methylprednisolone generic</p> <p>Prednisolone oral solution 5/5, 15/5, 25/5 mg/mL generic</p> <p>Prednisone generic</p>	<p>Alkindi Sprinkle (hydrocortisone oral granules)</p> <p>Eohilia (budesonide oral suspension)</p> <p>Hemady (dexamethasone tablets)</p> <p>Prednisolone ODT, tablets generic</p> <p>Prednisolone oral solution 10/5, 20/5 mg/mL generic</p> <p>Rayos (prednisone delayed-release)</p> <p>Taperdex (dexamethasone tablets)</p>

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Alkindi Sprinkles

- ❖ Approvable for members 17 years of age or younger with a diagnosis of adrenocortical insufficiency (AI) who are unable to swallow solid dosage formulations; otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic hydrocortisone tablets, is not appropriate for the member.
- ❖ Must be prescribed by or in consultation with an endocrinologist.

Eohilia

- ❖ Approvable for members 11 years of age or older with a diagnosis of eosinophilic esophagitis (EoE) with intraepithelial eosinophils per high-power field (eos/hpf) ≥ 15 and when secondary cause of eosinophilic esophagitis been ruled out
- ❖ Member must have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to proton pump inhibitors (PPI).
- ❖ Must be prescribed by or in consultation with a gastroenterologist or other specialist in treating eosinophilic esophagitis.

Hemady and Taperdex

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic dexamethasone tablets, is not appropriate for the member.

Prednisolone ODT and Tablets Generic, Prednisolone Oral Solution 10 mg/5mL and 20 mg/5mL Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic prednisolone oral products, are not appropriate for the member.

Rayos

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic prednisone tablets, 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 **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 www.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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.