



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

Preferred	Non-Preferred
Cortisone generic Dexamethasone generic Hydrocortisone generic Medrol 2 mg (methylprednisolone) Methylprednisolone generic Prednisolone generic unless otherwise noted Prednisone generic	Dexpak (dexamethasone) Emflaza (deflazacort) Millipred (prednisolone) Orapred ODT (prednisolone) Prednisolone ODT generic Prednisolone oral solution 10 mg/5 mL and 20 mg/5 mL generic Rayos (prednisone delayed-release) Taperdex (dexamethasone)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- The Emflaza PA Request Form is located at <http://dch.georgia.gov/prior-authorization-process-and-criteria>.
- If generic prednisolone ODT is approved, the PA will be issued for brand Orapred ODT.

**PA CRITERIA:**

*Dexpak 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.

*Emflaza*

- ❖ For members 2 years of age or older with a diagnosis of Duchenne muscular dystrophy (DMD), prior authorization must be requested by completing the Emflaza PA Request Form and **faxing to OptumRx at 888-491-9742**.

*Millipred, 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.

*Orapred ODT and Prednisolone ODT Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic prednisolone oral liquids except the 10 mg/5 mL and 20 mg/5 mL strengths, 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.