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

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

## LENGTH OF AUTHORIZATION: 1 Year

## NOTES:
- 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](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.