



**GEORGIA MEDICAID FEE-FOR-SERVICE
MISCELLANEOUS ANALGESICS PA SUMMARY**

| Preferred | Non-Preferred |
|---|--|
| Butalbital/acetaminophen 50-325 mg all generics Butalbital/acetaminophen/caffeine tablets 50-325-40 mg all generics Butalbital/aspirin/caffeine 50-325-40 mg all generics Tramadol generic Tramadol/acetaminophen generic Vtol (butalbital/acetaminophen/caffeine solution 50-325-40 mg/15 mL) | Butalbital/acetaminophen 50-300 mg all generics Butalbital/acetaminophen/caffeine capsules 50-325-40 mg and 50-300-40 mg all generics |

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:

Butalbital/Acetaminophen 50-300 mg All Generics

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic butalbital/acetaminophen 50-325 mg and at least one other preferred analgesic, are not appropriate for the member.

Butalbital/Acetaminophen/Caffeine Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic butalbital/acetaminophen/caffeine tablets and at least one other preferred analgesic, 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 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.

