



**GEORGIA MEDICAID FEE-FOR-SERVICE
METOZOLV ODT PA SUMMARY**

Preferred	Non-Preferred
Metoclopramide tablets (5, 10 mg) Metoclopramide syrup (5 mg/5ml)	Metoclopramide ODT generic Metozolv ODT (metoclopramide oral disintegrating tablets 5, 10 mg)

LENGTH OF AUTHORIZATION: 3 Months

NOTE:

- ❖ If brand Metozolv ODT is approved, the PA will be issued for generic metoclopramide ODT.

PA CRITERIA:

- ❖ Approvable for members unable to swallow tablets or liquids
- ❖ In addition for Metozolv ODT, the prescriber must submit a written letter of medical necessity stating the reasons generic metoclopramide ODT 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 <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.