

SOMATULINE DEPOT PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for the diagnosis of acromegaly in members who have had an inadequate response to surgery and/or radiation or in those members who are not candidates for surgery and/or radiation

AND

- ❖ Submit documentation of an inadequate response or show a history of intolerable side effects to sandostatin (octreotide acetate).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.