

CORTICOSTEROID COMBINATIONS PA SUMMARY

MEDICATIONS: Analpram Advanced Kit, Pramoxone (brand or generic), Zypram Rectal Cream (brand or generic)

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If generic pramoxine-hydrocortisone or Pramcort is approved, the PA will be issued for brand name Pramoxone.

PA CRITERIA:

Analpram Advanced Kit or Zypram Rectal Cream

- ❖ Submit documentation of trial and failure of Proctofoam-HC rectal foam.

Pramoxone (brand or generic)

- ❖ Submit documentation of trial and failure of Proctofoam-HC rectal foam or generic hydrocortisone acetate cream.

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.