

## DULERA PA SUMMARY

<b>PREFERRED</b>	Advair Diskus/HFA, Symbicort
<b>NON-PREFERRED</b>	Dulera

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for members age 12 and older with a diagnosis of asthma who have tried and failed therapy with both preferred products.

**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](http://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](http://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.