



SIGNIFOR PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 6 months initially; 1 year for renewal

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with Cushing's Disease (Syndrome) for whom surgery is not an option or has not been curative

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran 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 Limit 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.