

## PRANDIMET PA SUMMARY

<b>PREFERRED</b>	Prandin, Fortamet ER, Metformin, Metformin ER, Riomet
<b>NON-PREFERRED</b>	Prandimet

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (Prandin and metformin) are 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 **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.