

## PEDIADERM TA KIT PA SUMMARY

<b>PREFERRED</b>	Triamcinolone 0.1% cream, emollient cream (OTC product)
<b>NON-PREFERRED</b>	Pediaderm TA Kit (triamcinolone 0.1% cream and emollient cream)

**LENGTH OF AUTHORIZATION:** 1 Year

### **PA CRITERIA:**

- ❖ Submit a written letter of medical necessity stating the reason(s) the two separate products (triamcinolone 0.1% cream and emollient cream) 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.