



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ADRENAL HYPERPLASIA AGENTS PA SUMMARY**

Preferred	Non-Preferred
Crenessity (crinecerfont capsules, oral solution)	n/a

**LENGTH OF AUTHORIZATION:** Initial: 6 months, Reauthorization: 1 year

**PA CRITERIA:**

Crenessity

- ❖ Approvable for members 4 years of age or older who weigh 10 kg or more with a diagnosis of classic congenital adrenal hyperplasia (CAH) confirmed by a 21-hydroxylase deficiency (21OHD) based on serum levels of 17-hydroxyprogesterone (17OHP) and cortisol when the member will receive concomitant glucocorticoid replacement therapy.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.