



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANDROGENIC AGENTS, ORAL PA SUMMARY**

Preferred	Non-Preferred
Danazol generic Methitest (methyltestosterone tablets)	Jatenzo (testosterone undecanoate) Methyltestosterone capsules generic Tlando (testosterone undecanoate)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- All preferred and non-preferred agents require prior authorization.

PA CRITERIA:

Danazol Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of endometriosis, fibrocystic breast disease, breast cancer, hereditary angioedema or autoimmune hemolytic anemia.
- ❖ Must be prescribed by or in consultation with a specialist.

Methitest and Methyltestosterone Generic

- ❖ Approvable for male members 12 years of age or older with a diagnosis of primary hypogonadism, secondary hypogonadism or delayed male puberty whose serum testosterone is lower than 300 ng/dL confirmed by 2 laboratory blood levels conducted on separate days each in the morning.
- ❖ Approvable for female members with a diagnosis of metastatic breast cancer.
- ❖ In addition for generic methyltestosterone, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Methitest, is not appropriate for the member.

Jatenzo and Tlando

- ❖ For male members 18 years of age or older with a diagnosis of primary or secondary hypogonadism whose serum testosterone is lower than 300 ng/dL confirmed by 2 laboratory blood levels conducted on separate days each in the morning prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Methitest, Androderm and brand Androgel, 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 **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 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.