



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

| Preferred | Non-Preferred |
|---|---|
| Anadrol-50 (oxymetholone) Danazol generic Methitest (methyltestosterone tablets) Oxandrolone generic | Android (methyltestosterone capsules) Methyltestosterone capsules generic Testred (methyltestosterone capsules) |

LENGTH OF AUTHORIZATION: Varies

NOTES:

- All preferred and non-preferred agents require prior authorization.
- If brand Android or brand Testred is approved, the PA will be issued for generic methyltestosterone capsules.

PA CRITERIA:

Anadrol-50

- ❖ Approvable for members 4 years of age or older with a diagnosis of Fanconi’s anemia, anemia due chronic renal failure, anemia caused by deficient red blood cell production, acquired or congenital aplastic anemia (pure red blood cell aplasia), myelofibrosis, hypoplastic anemia or myelosuppression due to administration of myelotoxic drugs.
- ❖ Approvable for members 4 years of age or older with a diagnosis of HIV or AIDS wasting syndrome (cachexia associated with HIV/AIDS) who have significant weight loss and are receiving nutritional support.
- ❖ Must be prescribed by or in consultation with a specialist.

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, Android, Methyltestosterone Generic or Testred

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

Oxandrolone Generic

- ❖ Approvable for members 4 years of age or older with a diagnoses of protein catabolism due to prolonged corticosteroid use, HIV or AIDS wasting syndrome (cachexia associated with HIV/AIDS), or failure to maintain or gain weight due to extensive surgery, chronic infections,



severe burn or severe trauma who have significant weight loss and are receiving nutritional support.

- ❖ Approvable for members 4 years of age or older with a diagnosis of short stature associated with Turner's syndrome who have had an inadequate response to growth hormone.
- ❖ Approvable for members 4 years of age or older with a diagnosis of Duchenne or Becker muscular dystrophy.
- ❖ Approvable for members with a diagnosis of bone pain related to osteoporosis.
- ❖ Approvable for members with a diagnosis of alcoholic hepatitis.
- ❖ Must be prescribed by or in consultation with a specialist.

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.