



**GEORGIA MEDICAID FEE-FOR-SERVICE
ETOPOSIDE PA SUMMARY**

Preferred	Non-Preferred
Etoposide injection (Toposar) Etopophos (etoposide phosphate injection) Toposar (etoposide injection)	n/a

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- ❖ Etoposide injection products are preferred but require prior authorization (PA).
- ❖ **The criteria details below are for the outpatient pharmacy program.** If medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

- ❖ Approvable if administered in the member’s home by home health or in a long-term care facility.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.