GEORGIA MEDICAID FEE-FOR-SERVICE
MEGACE ES PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Megestrol suspension 40 mg/ml generic</td>
<td>Megace ES (megestrol suspension 125 mg/ml)</td>
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<tr>
<td></td>
<td>Megestrol suspension 125 mg/ml generic</td>
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</tbody>
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LENGTH OF AUTHORIZATION: 1 year

NOTE:
- If generic megestrol suspension 125 mg/ml is approved, the PA will be issued for brand Megace ES.

PA CRITERIA:

*Megace ES*
- Physician must submit a written letter of medical necessity stating the reason(s) the preferred product, generic megestrol suspension 40 mg/ml, is not appropriate for the member.

*Megestrol Suspension 125 mg/ml Generic*
- Physician must submit a written letter of medical necessity stating the reason(s) the preferred product, generic megestrol suspension 40 mg/ml, as well as brand Megace ES 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](http://dch.georgia.gov/preferred-drug-lists).

PA and APPEAL PROCESS:
- For online access to the PA process, please go to [http://dch.georgia.gov/prior-authorization-process-and-criteria](http://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 Quantity Level Limits (QLL), please go to [https://www.mmis.georgia.gov/portal](https://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.