



## GEORGIA MEDICAID-FEE-FOR-SERVICE SICKLE CELL AGENTS PA SUMMARY

Preferred	Non-Preferred
Droxia (hydroxyurea 200, 300, 400 mg capsules) Endari (L-glutamine)* Hydroxyurea 500 mg capsules generic	Siklos (hydroxyurea 100, 1000 mg tablets) Xromi (hydroxyurea oral solution)

\*preferred but requires PA

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** Endari is preferred but requires prior authorization.

### PA CRITERIA:

#### Endari

- ❖ Approvable for members 5 years of age or older with a diagnosis of sickle cell disease (SCD) to reduce acute complications who have had 2 or more vasoocclusive or painful crises within the past 12 months when prescribed by or in consultation with a specialist such as a hematologist or oncologist

AND

- ❖ Member must have tried hydroxyurea (Droxia) for at least 3 months and experienced an inadequate response or member must have an allergy, contraindication, drug-drug interaction or intolerable side effect to hydroxyurea.

#### Siklos

- ❖ Approvable for members 2 years of age or older with a diagnosis of sickle cell disease (SCD) with recurrent moderate to severe painful crises when prescribed by or in consultation with a specialist such as a hematologist or oncologist

AND

- ❖ Where age appropriate, member is unable to swallow the capsule formulation, or the member requires a dose that is unable to be obtained from hydroxyurea (Droxia) capsules (available in 200 mg, 300 mg, 400 mg and 500 mg strengths).

#### Xromi

- ❖ Approvable for members 6 months of age or older with a diagnosis of sickle cell disease (SCD) with recurrent moderate to severe painful crises when prescribed by or in consultation with a specialist such as a hematologist or oncologist

AND

- ❖ Where age appropriate, member is unable to swallow the capsule formulation, or the member requires a dose that is unable to be obtained from hydroxyurea (Droxia) capsules (available in 200 mg, 300 mg, 400 mg and 500 mg strengths).

### 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.