

INCRELEX PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Depending on diagnosis, prescribers need to be prepared to provide documentation of height standard deviation score (SDS), age adjusted basal IGF-1 level, and growth hormone level.*

PA CRITERIA:

- ❖ Approvable for members less than 21 years of age for the diagnosis of severe primary insulin-like growth factor-1 (IGF-1) deficiency (severe primary IGFD) in members who have been evaluated by an endocrinologist.
- ❖ Approvable for the diagnosis of growth hormone deletion in members who have developed neutralizing antibodies to growth hormone and who have been evaluated by an endocrinologist

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.