



**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	Oxbryta (voxelotor) Siklos (hydroxyurea 100, 1000 mg tablets)

*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.

Oxbryta

- ❖ Approvable for members 4 years of age or older with a diagnosis of sickle cell disease (SCD) whose baseline hemoglobin (Hb) level is ≤ 10.5 g/dL, 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

- ❖ 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 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.