



**GEORGIA MEDICAID FEE-FOR-SERVICE
GROWTH FACTORS PA SUMMARY**

Preferred	Non-Preferred
Increlex (mecasermin) Voxzogo (vosoritide)	Egrifta (tesamorelin)

LENGTH OF AUTHORIZATION: Varies

NOTE: Preferred and non-preferred agents require prior authorization.

PA CRITERIA:

Egrifta

- ❖ Approvable for members 18 years of age or older with a diagnosis of HIV-associated lipodystrophy with a fasting blood glucose level < 150 mg/dL (8.33 mmol/L), with a body mass index (BMI) > 20 kg/m² and with a waist circumference ≥ 95 cm (37.4 inches) and a waist-to-hip ratio ≥ 0.94 for men or with a waist circumference ≥ 94 cm (37.0 inches) and a waist-to-hip ratio ≥ 0.88 for women.

Increlex

- ❖ Approvable for members 2 to 17 years of age with a diagnosis of severe primary insulin-like growth factor-1 (IGF-1) deficiency (severe primary IGFD) who have an open epiphyses, height standard deviation score of ≤ -3.0, basal IGF-1 standard deviation score of ≤ -3.0 and normal or elevated growth hormone level.
- ❖ Approvable for members 2 to 17 years of age with a diagnosis of growth hormone deletion who have developed neutralizing antibodies to growth hormone and who have an open epiphyses.
- ❖ Medication must be prescribed by or in consultation with an endocrinologist.

Voxzogo

- ❖ Approvable for members 5 to 17 years of age with a diagnosis of achondroplasia confirmed by an identifiable mutation in the fibroblast growth factor receptor type 3 (FGFR3) gene and who have an open epiphyses.
- ❖ Medication must be prescribed by or in consultation with an endocrinologist or geneticist.

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