



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANABOLIC STEROIDS/ANDROGENS PA SUMMARY**

Preferred	Non-Preferred
Anadrol-50 (oxymetholone) Danazol generic Androxy (fluoxymesterone) Methitest (methyltestosterone tablets) Oxandrolone generic Testosterone Cypionate Injection generic Testosterone Enanthate Injection generic	Android (methyltestosterone capsules) Methyltestosterone capsules generic Testred (methyltestosterone capsules)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ All preferred and non-preferred agents require prior authorization.
- ❖ See PA Summary labeled “Topical Testosterone” for topical testosterone products.
- ❖ If an injectable medication is being administered in a physician’s office then the criteria information below does not apply. Instead, the physician’s office must bill this drug through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be found at <https://www.mmis.georgia.gov>.
- ❖ If brand Android or brand Testred is approved, the PA will be issued for generic methyltestosterone capsules.

PA CRITERIA:

Anadrol-50

- ❖ Approvable for the following diagnoses: anemia caused by deficient red blood cell production, acquired or congenital aplastic anemia, myelofibrosis, hypoplastic anemia due to administration of myelotoxic drugs.
- ❖ Also approvable for HIV or AIDS wasting when significant weight loss is documented in members currently receiving nutritional support.

Danazol Generic

- ❖ Approvable for the following diagnoses: endometriosis, fibrocystic breast disease, hereditary angioedema.

Androxy, Methyltestosterone (Android, Methitest, Testred), Testosterone Cypionate Injection Generic or Testosterone Enanthate Injection Generic

- ❖ Approvable in male members 12 years of age or older for the following diagnoses: primary hypogonadism, secondary hypogonadism, or delayed male puberty; physician must submit documentation of low serum testosterone level.
- ❖ Approvable in female members for the diagnosis of metastatic breast cancer.



- ❖ In addition for Android, generic methyltestosterone and Testred, physician must submit a written letter of medical necessity stating the reasons the preferred product, Methitest, is not appropriate for the member.

Oxandrolone Generic

- ❖ Approvable for the following diagnoses when significant weight loss is documented in members currently receiving nutritional support: protein catabolism due to prolonged corticosteroid use, HIV or AIDS wasting, or failure to maintain or gain weight in the past 6 months due to extensive surgery, chronic infections, or severe trauma.
- ❖ Approvable for short stature associated with Turner's syndrome in members who have had an inadequate response to growth hormone.
- ❖ Approvable for bone pain related to osteoporosis.

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