



**GEORGIA MEDICAID FEE-FOR-SERVICE
MAKENA PA SUMMARY**

STATUS: Preferred

LENGTH OF AUTHORIZATION: Up to 21 weeks

NOTE:

- ❖ If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at www.mmis.georgia.gov/portal.

PA CRITERIA:

- ❖ Approvable if administered in member's home by home health or in a long-term care facility

AND

- ❖ Member must be 16 years of age or older and have a confirmed pregnancy with one fetus of gestational age between 16 weeks, 0 days and 20 weeks, 6 days

AND

- ❖ Member must have a history of at least one singleton spontaneous preterm birth

AND

- ❖ Member must not have a current or history of thrombosis or thromboembolic disorders; known, history of, or suspected breast cancer or other hormone-sensitive cancer; undiagnosed abnormal vaginal bleeding unrelated to pregnancy; cholestatic jaundice of pregnancy; benign or malignant liver tumors; active liver disease; or uncontrolled hypertension.

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.