



**GEORGIA MEDICAID FEE-FOR-SERVICE
GONADOTROPIN-RELEASING HORMONE AGENTS PA SUMMARY**

Preferred	Non-Preferred
Lupron Depot (leuprolide 3.75 mg, 7.5 mg [1 month], 11.25 mg, 22.5 mg [3 month], 30 mg [4 month] injection kits) Lupron Depot-Ped (leuprolide 7.5 mg, 11.25 mg, 15 mg [1 month] injection kits) Orilissa (elagolix tablets) * Synarel (nafarelin nasal solution)	Lupron Depot (leuprolide 45 mg [6 month] injection kit) Lupron Depot-Ped (leuprolide 11.25 mg, 30 mg [3 month] injection kits)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: The PA criteria below is for Pharmacy Services only. Physicians administering medication in a clinic or office must bill the drug through Physician Services and not through Pharmacy Services. Information regarding the Providers’ Administered Drug List (PADL) is located at www.mmis.georgia.gov and log in to request coverage from Physician Services.

PA CRITERIA:

Lupron Depot 45 mg (6-month) Kit

- ❖ Medication must be administered in the member’s home or in a long-term care facility
- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Lupron Depot 3.75 mg, 7.5 mg (1 month), 11.25 mg, 22.5 mg (3 month), and 30 mg (4 month) kits, are not appropriate for the member.

Lupron Depot-Ped 11.25 mg, 30 mg (3-month) Kits

- ❖ Medication must be administered in the member’s home or in a long-term care facility
- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Lupron Depot-Ped 7.5 mg, 11.25 mg, 15 mg (1 month) injection kits, are not appropriate for the member.

Orilissa

- ❖ Approvable for female members 18 years of age or older a diagnosis of moderate to severe pain associated with endometriosis who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one non-steroidal antiinflammatory drug (NSAID) and one oral contraceptive.

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.