

## LUPRON DEPOT PA SUMMARY

<b>PREFERRED</b>	Lupron Depot (adult 1 month, 3 month, 4 month intramuscular kits), Lupon Depot-Ped (1 month intramuscular kit)
<b>NON-PREFERRED</b>	Lupron Depot (adult 6 month intramuscular kit), Lupron Depot-Ped (3 month intramuscular kit)

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Medication must be administered in the member's home, by home health care, or in a long-term care facility
- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product for member's age (adult or pediatric) is not appropriate.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.