



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

Preferred	Non-Preferred
Arikayce (amikacin liposome inhalation suspension)	N/A

LENGTH OF AUTHORIZATION: 6 Months

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with a diagnosis of Mycobacterium avium complex (MAC) lung disease who have been on a multidrug background regimen therapy for at least 6 consecutive months and have not yet achieved a negative sputum culture

AND

- ❖ Member must have limited or no alternative treatment options

AND

- ❖ Medication must be used as part of a combination antibacterial drug regimen and be prescribed by or in consultation with an infectious disease specialist.

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.