



GEORGIA MEDICAID-FEE-FOR-SERVICE EGRIFTA PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Renewal: 1 Year

PA CRITERIA:

- ❖ Approvable for the diagnosis of HIV-associated lipodystrophy
- ❖ Prescriber should be prepared to give results of member's fasting blood glucose level, body mass index (BMI), waist circumference, and waist-to-hip ratio to call center.

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.