GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
FRIEDREICH ATAXIA PA SUMMARY

Preferred	Non-Preferred
n/a	Skyclarys (omaveloxolone)

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Skyclarys

- ❖ Approvable for members 16 years of age or older with a diagnosis of Friedreich's ataxia who have a mutation in the frataxin (*FXN*) gene, are experiencing clinical signs or symptoms of disease (e.g., ataxia, skeletal muscle weakness, impaired coordination, frequent falls, diminished reflexes, peripheral sensory neuropathy), have meaningful voluntary motor function (e.g., manipulate objects using upper extremities), have a B-type natriuretic peptide (BNP) level of 200 pg/mL or less and have a left ventricular ejection fraction 40% or higher.
- ❖ Medication must be prescribed by or in consultation with a neurologist, neurogeneticist or specialist in the treatment of ataxias or neuromuscular disorders.

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.