GEORGIA MEDICAID FEE-FOR-SERVICE
MYALEPT PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:
- Approvable for members with a diagnosis of congenital or acquired generalized lipodystrophy receiving a low-fat diet
- Members must have diabetes mellitus, insulin resistance or hypertriglycercidemia associated with the above diagnosis.
  - Members with diabetes mellitus or insulin resistance must have tried and failed two previous antidiabetic therapies.
  - Members with hypertriglyceridemia must have tried and failed therapy with a fibrate (with or without a statin) or be unable to take fibrates and must be receiving a low-carbohydrate diet.

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.

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.

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