



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
- AND
- ❖ Members must have diabetes mellitus, insulin resistance or hypertriglyceridemia 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.