



**GEORGIA MEDICAID FEE-FOR-SERVICE
NIEMANN-PICK DISEASE AGENTS PA SUMMARY**

| Preferred | Non-Preferred |
|-----------------------------|------------------------|
| Aqneursa (levacetylleucine) | Miplyffa (arimoclomol) |

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Aqneursa

- ❖ Approvable for members who weigh 15 kg or more with a diagnosis of Niemann-Pick disease type C (NPC) confirmed by genetic mutation, biomarker testing or skin biopsy when the medication is being used to treat neurological manifestations of NPC and is being prescribed by or in consultation with a provider with expertise in the treatment of NPC.

Miplyffa

- ❖ Approvable for members 2 years of age or older with a diagnosis of Niemann-Pick disease type C (NPC) confirmed by genetic mutation, biomarker testing or skin biopsy when the medication is being used to treat neurological manifestations of NPC, is being prescribed in combination with miglustat and is being prescribed by or in consultation with a provider with expertise in the treatment of NPC.

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.