



**GEORGIA MEDICAID FEE-FOR-SERVICE
NUTRITIONALS, TRIGLYCERIDES PA SUMMARY**

Preferred	Non-Preferred
n/a	Dojolvi (triheptanoin)

LENGTH OF AUTHORIZATION: Initial: 4 months; Repeat: 1 year

PA CRITERIA:

Dojolvi

- ❖ Approvable for members with a diagnosis of long-chain fatty acid oxidation disorders (LC-FAOD) who have experienced at least one significant episode of rhabdomyolysis and who are on a dietary management plan that includes avoidance of fasting, low long-chain fats/high carbohydrates and medium-chain triglyceride (MCT) oil.
- ❖ Must be prescribed by or in consultation with an endocrinologist or metabolic disorder specialist.

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.