



**GEORGIA MEDICAID FEE-FOR-SERVICE
OPFOLDA PA SUMMARY**

Preferred	Non-Preferred
n/a	Opfolda (miglustat)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Opfolda

- ❖ Approvable for members 18 years of age or older who weigh 40 kg or more with a diagnosis of late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) confirmed by enzyme assay demonstrating a deficiency of acid alpha-glucosidase enzyme activity or by genetic testing
- AND
- ❖ Member has not improved on current enzyme replacement therapy (ERT) (e.g., Lumizyme, Nexviazyme)
- AND
- ❖ Medication must be taken in combination with Pombiliti (cipaglucosidase alfa-atga)
- AND
- ❖ Medication must be prescribed by or in consultation with a geneticist, neurologist, a metabolic disorder sub-specialist or specialist in the treatment of lysosomal storage 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.