



**GEORGIA MEDICAID FEE-FOR-SERVICE
PARENTERAL NUTRITION PRODUCTS PA SUMMARY**

Preferred	Non-Preferred
N/A	Kabiven (amino acid 3.3%, electrolytes 0.7%, dextrose 9.8%, lipid 3.9% for injection) Perikabiven (amino acid 2.4%, electrolytes 0.5%, dextrose 6.8%, lipid 3.5% for injection)
Nutrilipid (soybean oil fat/lipid emulsion for injection, 20%) Omegaven (fish oil fat/lipid emulsion for infusion)*	Intralipid (soybean oil fat/lipid emulsion for injection, 20%, 30%) Smoflipid (fish oil, medium-chain triglycerides, olive oil, soybean oil fat/lipid emulsion for injection, 20%)

*preferred but requires PA

LENGTH OF AUTHORIZATION: Up to 1 year

NOTE: Omegaven is preferred but requires prior authorization (PA).

PA CRITERIA:

Omegaven

- ❖ Approvable when used for the treatment of parenteral nutrition-associated cholestasis (PNAC) in members 17 years of age or younger who have a bilirubin level ≥ 2 mg/dL and who are expected to require parenteral nutrition for at least 14 days.

Kabiven and Perikabiven

- ❖ Approvable for members 18 years of age or older when oral or enteral nutrition is not possible, insufficient or contraindicated

AND

- ❖ Member’s parenteral nutrition needs are not able to be obtained through administration of individual products that contain amino acid, dextrose, lipid and/or electrolytes.

Intralipid

- ❖ Approvable for members when oral or enteral nutrition is not possible, insufficient or contraindicated and member’s parenteral nutrition needs require 30% fat/lipid emulsion. Otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Nutrilipid, is not appropriate for the member.

Smoflipid

- ❖ For members 18 years of age or older when oral or enteral nutrition is not possible, insufficient or contraindicated, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Nutrilipid, is not appropriate for the member.



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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.