



**GEORGIA MEDICAID FEE-FOR-SERVICE
PRADER-WILLI SYNDROME AGENTS PA SUMMARY**

Preferred	Non-Preferred
Vykat XR (diazoxide choline)	n/a

LENGTH OF AUTHORIZATION: Initial: 6 months; Renewal: 1 year

PA CRITERIA:

Vykat XR

- ❖ Approvable for members 4 years of age or older with a diagnosis of Prader-Willi Syndrome (PWS) confirmed by genetic testing who have moderate to severe hyperphagia with documentation of associated symptoms such as food-seeking behaviors

AND

- ❖ Medication is prescribed by or in consultation with an endocrinologist, neurologist, or psychiatrist with experience in the management of PWS

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.