



**GEORGIA MEDICAID FEE-FOR-SERVICE
PRIMARY PERIODIC PARALYSIS AGENTS PA SUMMARY**

Preferred	Non-Preferred
Acetazolamide generic Dichlorphenamide generic*	n/a

*preferred but requires PA

LENGTH OF AUTHORIZATION: Initial 2 months; repeat 1 year

NOTE: Dichlorphenamide is preferred but requires prior authorization.

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with primary (familial) hyperkalemic or hypokalemic periodic paralysis confirmed by potassium level, family history or genetic testing and when secondary causes have been ruled out; **AND**
- ❖ Member must be experiencing disabling attacks that have not responded to nonpharmacologic measures; **AND**
- ❖ Member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with acetazolamide.

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.