

## GEORGIA MEDICAID FEE-FOR-SERVICE PRIMARY HYPEROXALURIA AGENTS' PA SUMMARY

Preferred	Non-Preferred
Oxlumo (lumasiran injection)	n/a

## **LENGTH OF AUTHORIZATION:** Initial 6 months, repeat 1 year

**NOTE:** The criteria details below are for the outpatient pharmacy program. If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at <a href="https://www.mmis.georgia.gov">www.mmis.georgia.gov</a>.

#### PA CRITERIA:

❖ Approvable for members with a diagnosis of primary hyperoxaluria type 1 (PH1) who have signs or systems or family history of genetically confirmed PH1 and secondary causes of PH1 have been ruled out

AND

Genetic testing confirmed a mutation in the alanine:glyoxylate aminotransferase (AGT or AGXT) gene or liver biopsy confirmed alanine:glyoxylate aminotransferase (AGT or AGXT) enzyme deficiency

AND

❖ Urinary oxalate excretion corrected for body surface area (BSA) is greater than 1 mmol/1.73 m² per day and urinary oxalate to creatinine ratio is greater than normal based on age

AND

❖ Urinary glycolate excretion corrected for body surface area (BSA) is greater than 0.5 mmol/1.73 m² per day and urinary glycolate to creatinine ratio is greater than normal based on age

AND

❖ Medication must be prescribed by or in consultation with a specialist in treating primary hyperoxaluria type 1 (PH1).

#### **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 <a href="http://dch.georgia.gov/preferred-drug-lists">http://dch.georgia.gov/preferred-drug-lists</a>.

### PA AND APPEAL PROCESS:

• For online access to the PA process, please go to



<u>www.dch.georgia.gov/prior-authorization-process-and-criteria</u> 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 <a href="www.mmis.georgia.gov/portal">www.mmis.georgia.gov/portal</a>, highlight Pharmacy and click on <a href="Other Documents">Other Documents</a>, then select the most recent quarters QLL list.