



**GEORGIA MEDICAID FEE FOR SERVICE
SOHONOS PA SUMMARY**

Preferred	Non-Preferred
N/A	Sohonos (palovarotene)

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for female members 8 years of age or older and male members 10 years of age or older with a diagnosis of fibrodysplasia ossificans progressiva (FOP) confirmed by the presence of a mutation in the activin receptor IA (ACVR1) gene who have heterotopic ossification (HO) as confirmed by radiologic testing when the medication is used to reduce the volume of new heterotopic ossification, *AND*
- ❖ The medication is prescribed by or in consultation with an endocrinologist, geneticist or FOP specialist.

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.