



**GEORGIA MEDICAID FEE-FOR-SERVICE
SPINAL MUSCULAR ATROPHY PA SUMMARY**

Preferred	Non-Preferred
Evrysdi (risdiplam)	n/a

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for members 2 months of age or older with a diagnosis of type 1, 2 or 3 spinal muscular atrophy (SMA) experiencing moderate symptoms who have not been treated with Zolgensma and who have discontinued Spinraza.

AND

- ❖ Genetic testing has confirmed the presence of a homozygous deletion, homozygous mutation or compound heterozygous mutation in the survival motor neuron 1 (SMN1) gene.

AND

- ❖ Genetic testing has confirmed the presence of 2 to 4 copies of the survival motor neuron 2 (SMN2) gene.

AND

- ❖ Must be prescribed by or in consultation with a neurologist or physician that specializes in neuromuscular disorders.

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.