



**GEORGIA MEDICAID FEE-FOR-SERVICE
SYNRIBO PA SUMMARY**

Preferred	Non-Preferred
Synribo (omacetaxine mepesuccinate)	n/a

LENGTH OF AUTHORIZATION: 1 year

NOTE:

- ❖ If the medication is being administered in a physician’s office, then the medication must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov.

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with chronic or accelerated phase chronic myelogenous leukemia (CML) who are resistant or intolerant to at least two of the following tyrosine kinase inhibitors for CML: imatinib (Gleevec), bosutinib (Bosulif), dasatinib (Sprycel), nilotinib (Tasigna) or ponatinib (Iclusig). Special consideration given for members who have stage IV advanced metastatic disease.

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.