



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

Preferred	Non-Preferred
Thiola (tiopronin)* Thiola EC (tiopronin delayed-release)*	N/A

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Thiola and Thiola EC are preferred but require prior authorization (PA).

PA CRITERIA:

- ❖ Approvable for members who weigh 20 kg or greater with a diagnosis of severe homozygous cystinuria when the medication is being used for prevention of cystine stone formation (nephrolithiasis) and the member’s daily rate of cystine excretion (urinary cystine level per day) is >500 mg/day, AND
- ❖ Member has had an inadequate response to a combination of conservative measures, including high fluid intake, urinary alkalization (alkali; e.g., with potassium citrate, potassium bicarbonate, acetazolamide) and diet modification (e.g., sodium [\leq 100 mEq/day] and protein [0.8 to 1 g/kg per day] restriction), after 3 months, and these conservatives measures will be continued during therapy.

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.