



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

Preferred	Non-Preferred
Vimizim (elosulfase alfa)	n/a

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ If injectable medication is being administered in a physician’s office then it 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 5 years of age and older with mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome).

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 <http://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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.