



## 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](http://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.