



GEORGIA MEDICAID FEE-FOR-SERVICE XENICAL PA SUMMARY

Preferred	Non-Preferred
Xenical (orlistat)	N/A

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Xenical is not covered for members younger than 12 years of age or for members 21 years of age and older and requires prior authorization for members 12 to less than 21 years of age.

PA CRITERIA:

- ❖ Approvable for members 12 to less than 21 years of age with a diagnosis of hypercholesterolemia or hyperlipidemia who are currently taking lipid-lowering medications.

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.