

**GEORGIA MEDICAID FEE-FOR-SERVICE  
SPINAL MUSCULAR ATROPHY AGENTS PA SUMMARY**

Preferred	Non-Preferred
Evrysdi (risdiplam)	n/a

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for members with a diagnosis of type 1, 2 or 3 spinal muscular atrophy (SMA) experiencing moderate symptoms who have not been treated with Zolgensma and who have discontinued Spinraza.

*AND*

- ❖ Genetic testing has confirmed the presence of a homozygous deletion, homozygous mutation or compound heterozygous mutation in the survival motor neuron 1 (SMN1) gene.

*AND*

- ❖ Genetic testing has confirmed the presence of 2 to 4 copies of the survival motor neuron 2 (SMN2) gene.

*AND*

- ❖ Must be prescribed by or in consultation with a neurologist or physician that specializes in neuromuscular disorders.

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.