



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

Preferred	Non-Preferred
Kuvan powder (sapropterin) Palynziq (pegvaliase-pqpz)* Sapropterin tablets generic	n/a

*preferred but requires prior authorization

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Palynziq is preferred but requires prior authorization (PA).
- ❖ **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician's office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

Palynziq

- ❖ Approvable for members 18 years of age or older with a diagnosis of phenylketonuria (PK) with a phenylalanine level >600 micromol/L who are on a phenylalanine-restricted diet and have experienced an inadequate response (failed to reach phenylalanine goal), allergy, contraindication, drug-drug interaction or intolerable side effect to sapropterin (Kuvan) or have two null mutations in trans

AND

- ❖ Must be prescribed by or in consultation with a healthcare provider experienced in the management of phenylketonuria and the prescriber, pharmacy and member must be enrolled in the Palynziq Risk Evaluation and Mitigation Strategy (REMS) program

AND

- ❖ The first dose must be administered under the supervision of a healthcare provider equipped to closely observe the member for at least 60 minutes following injection and manage anaphylaxis, competency with administration and ability to recognize signs and symptoms of anaphylaxis must be confirmed with the member or member's caregiver and an auto-injectable epinephrine must be prescribed for the member.

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.