



GEORGIA MEDICAID FEE-FOR-SERVICE ORFADIN PA SUMMARY

Preferred	Non-Preferred
Orfadin capsules (nitisinone) Orfadin oral suspension (nitisinone)*	n/a

*requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE: Orfadin capsules do not require prior authorization (PA).

PA CRITERIA:

Orfadin Oral Suspension

- ❖ Approvable for members with hereditary tyrosinemia type 1 (HT-1) confirmed by biochemical testing (e.g. detection of succinylacetone in urine) and clinical assessment or by genetic (e.g. DNA) testing

AND

- ❖ Medication is prescribed by or in consultation with an endocrinologist, geneticist, hepatologist or gastroenterologist

AND

- ❖ Medication will be used in combination with dietary restriction of tyrosine and phenylalanine

AND

- ❖ Member is unable to swallow the capsules and is unable to intake full dosing needed by suspending the contents of the capsules in a small amount of water, formula or apple sauce.

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.