

## TYZEKA PA SUMMARY

**STATUS:** Non-preferred

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of chronic hepatitis B in members age 16 or older with evidence of viral replication who are not currently receiving lamivudine

*AND*

- ❖ Submit documentation of persistent elevations in serum aminotransferases (ALT or AST) or histologically active disease.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and Appeal Process:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.