



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OMAVELOXOLONE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OMAVELOXOLONE	SKYCLARYS	48741		GPI-10 (7413506000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of Friedreich's ataxia **AND** meet the following criterion?
 - The patient is 16 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #3 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OMAVELOXOLONE (Skyclarys)** requires the following rule(s) be met for approval:

- A. You have Friedreich's ataxia (a type of nervous system and movement disorder)
- B. You are 16 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Skyclarys.

REFERENCES

- Skyclarys [Prescribing Information]. Plano, TX: Reata Pharmaceuticals, Inc.; February 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/23

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P&T Approval: 04/23