



FULYZAQ PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with chronic diarrhea associated with HIV/AIDS anti-retroviral therapy
- ❖ Infectious causes of diarrhea must be excluded.
- ❖ Member must have tried and failed at least one of the following anti-diarrheal medications: octreotide (Sandostatin), loperamide (Imodium AD), diphenoxylate/atropine (Lomotil), kaolin/pectin, or bismuth subsalicylate (Pepto-Bismol).

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.