GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIDIARRHEALS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenoxylate/atropine generic</td>
<td>Alosetron generic</td>
</tr>
<tr>
<td>Loperamide Rx generic</td>
<td>Lotronex (alosetron)*</td>
</tr>
<tr>
<td>Paregoric (camphorated opium tincture 2 mg/5 mL)</td>
<td>Motofen (difenoxin/atropine)</td>
</tr>
<tr>
<td></td>
<td>Mytesi (crofelemer)</td>
</tr>
<tr>
<td></td>
<td>Opium tincture 10 mg/mL generic</td>
</tr>
<tr>
<td></td>
<td>Viberzi (eluxadoline)</td>
</tr>
</tbody>
</table>

*non-preferred but does not require PA

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Alosetron Generic
❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Lotronex is not appropriate for the member.

Motofen
❖ Approvable for members 12 years of age or older with a diagnosis of acute diarrhea or acute exacerbation of chronic diarrhea who have experienced an inadequate response to diphenoxylate/atropine and who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to loperamide (Imodium).

Mytesi
❖ Approvable for members 18 years of age or older with a diagnosis of chronic diarrhea associated with HIV/AIDS antiretroviral therapy, when infectious causes of diarrhea have been excluded, who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to one medication from at least two of the following antidiarrheal classes:
   1. Antimotility: loperamide (Imodium), diphenoxylate/atropine (Lomotil),
   2. Antisecretory/antimotility: octreotide (Sandostatin),
   3. Adsorbent: bismuth subsalicylate (Pepto-Bismol).

Opium Tincture Generic
❖ Approvable for members 18 years of age or older with a diagnosis of acute diarrhea or acute exacerbation of chronic diarrhea who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to diphenoxylate/atropine (Lomotil) and loperamide (Imodium) and who have experienced an inadequate response to Paregoric.

Viberzi
❖ Approvable for members 18 years of age or older with a diagnosis of diarrhea associated with irritable bowel syndrome (IBS) who have experienced ineffectiveness, allergies,
contraindications, drug-drug interactions or intolerable side effects to one medication from at least two of the following antidiarrheal classes:

1. Antiinfective: rifaximin (Xifaxan),
2. Antimotility: loperamide (Imodium),
3. 5-hydroxytryptamine (serotonin) 3 receptor antagonist: alosetron (Lotronex)

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](http://dch.georgia.gov/preferred-drug-lists).

PA and APPEAL PROCESS:

- For online access to the PA process, please go to [http://dch.georgia.gov/prior-authorization-process-and-criteria](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on **Other Documents**, then select the most recent quarters QLL List.