



**GEORGIA MEDICAID FEE-FOR-SERVICE  
BILE ACID SEQUESTRANTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Cholestyramine powder generic Cholestyramine light powder generic Colestipol tablets generic Prevalite powder (cholestyramine light)	Cholestyramine powder packets generic Cholestyramine light powder packets generic Colestid granules and packets (colestipol) Colestipol granules and packets generic Prevalite powder packets (cholestyramine light) Welchol (colesevelam)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:**

- ❖ If brand Colestid granules or packets is approved, the PA will be issued for generic colestipol granules or packets.

**PA CRITERIA:**

*Cholestyramine, Cholestyramine Light and Prevalite Powder Packets*

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred products, generic cholestyramine powder (in a can) and cholestyramine light powder/Prevalite powder (in a can), are not appropriate for the member.

*Colestid Granules and Packets, Colestipol Granules and Packets*

- ❖ Member must be unable to swallow solid oral dosage forms of medication
- AND**
- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to cholestyramine.

**OR**

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred product, generic colestipol tablets, is not appropriate for the member.

*Welchol*

- ❖ For hyperlipidemia, approvable for members ages 10-17 who experience ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to cholestyramine.
- ❖ For hyperlipidemia, approvable for members 18 years or older who experience ineffectiveness, allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to two preferred products.
- ❖ For Type 2 diabetes, approvable for members 18 years or older who experience ineffectiveness, allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to metformin.



**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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.