GEORGIA MEDICAID FEE-FOR-SERVICE
CHENODAL PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Actigall (ursodiol 300 mg)</td>
<td>Chenodal (chenodiol)</td>
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<tr>
<td>Ursodiol 250 mg, 500 mg generic</td>
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</tbody>
</table>

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

- Approvable for members 18 years of age or older with a diagnosis of cholelithiasis who have small (<15 mm [1.5 cm]) radiolucent (non-calcified) cholesterol gallstones, have a normally functioning gallbladder, are not eligible for surgery due to disease or age and have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with ursodiol.
- Approvable for members with a diagnosis of cerebrotendinous xanthomatosis.

**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 [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.

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