



**GEORGIA MEDICAID FEE-FOR-SERVICE  
DIARRHEA AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Diphenoxylate/atropine generic Loperamide Rx generic Xermelo (telotristat)^	Alosetron generic Lotronex (alosetron)* Mytesi (crofelemer) Viberzi (eluxadoline)

\*non-preferred but does not require PA; ^preferred but requires PA

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- ❖ Criteria for Xifaxan is located in the Xifaxan PA Summary. Criteria for somatostatin analogs are located in the Acromegaly Agents PA Summary.
- ❖ Xermelo is preferred but requires PA. Lotronex is non-preferred but does not require PA.

**PA CRITERIA:**

*Xermelo*

- ❖ Approvable for members 18 years of age or older with a diagnosis of diarrhea associated with carcinoid syndrome (carcinoid tumors) who have tried a somatostatin analog for at least 3 months and is still experiencing 4 or more daily bowel movements

*AND*

- ❖ Must be used in combination with a somatostatin analog.

*Alosetron Generic*

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

*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 ineffectiveness, 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).

*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>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.