GEORGIA MEDICAID FEE-FOR-SERVICE
DIARRHEA AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Diphenoxylate/atropine generic</td>
<td>Alosetron generic</td>
</tr>
<tr>
<td>Loperamide Rx generic</td>
<td>Lotronex (alostron)*</td>
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<tr>
<td>Xermelo (telotristat)^</td>
<td>Mytesi (crofelemer)</td>
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<td></td>
<td>Viberzi (eluxadoline)</td>
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</tbody>
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*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:

Revised 7/1/2017
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.