GEORGIA MEDICAID FEE-FOR-SERVICE
H. PYLORI TREATMENT PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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</thead>
<tbody>
<tr>
<td>Pylera (bismuth subcitrate/metronidazole/tetracycline)</td>
<td>Amoxicillin/clarithromycin/lansoprazole generic</td>
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<tr>
<td></td>
<td>Omeclamox (amoxicillin/clarithromycin/omeprazole)</td>
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<tr>
<td></td>
<td>Talicia (omeprazole/amoxicillin/rifabutin)</td>
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</tbody>
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LENGTH OF AUTHORIZATION: 1 month

NOTES:
- Preferred and non-preferred agents require prior authorization.
- Omeprazole and pantoprazole are the preferred proton pump inhibitors.

PA CRITERIA:

**Pylera**
- For members with *H pylori* infection when used in combination with a proton pump inhibitor (i.e., omeprazole), prescriber must submit a written letter of medical necessity stating the reasons the separate medications are not appropriate for the member.

**Amoxicillin/Clarithromycin/Lansoprazole Generic and Omeclamox**
- For members with *H pylori* infection, prescriber must submit a written letter of medical necessity stating the reasons the separate medications are not appropriate for the member.

**Talicia**
- For members 18 years or older with *H pylori* infection who have failed therapy with, are resistant to or have allergies, contraindications, drug-drug interactions or intolerable side effects to 3 first-line antibiotics (i.e., clarithromycin, metronidazole, tetracycline), prescriber must submit a written letter of medical necessity stating the reasons the separate medications are not appropriate for the member.

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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.