



**GEORGIA MEDICAID FEE-FOR-SERVICE  
SULFONAMIDES PA SUMMARY**

Preferred	Non-Preferred
Sulfamethoxazole/trimethoprim generic Sulfatrim (sulfamethoxazole/trimethoprim suspension)	Sulfadiazine generic

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*Sulfadiazine Generic*

- ❖ Approvable for members with a diagnosis of otitis media or urinary tract infection (including cystitis or pyelonephritis) who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to sulfamethoxazole-trimethoprim.
- ❖ Approvable for members with a diagnosis of chancroid who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to azithromycin, ceftriaxone, ciprofloxacin and erythromycin, or if the organism not susceptible to these antibiotics.
- ❖ Approvable for members with a diagnosis of chlamydial conjunctivitis (including trachoma and inclusion conjunctivitis) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to amoxicillin, azithromycin and erythromycin, or if the organism not susceptible to these antibiotics.
- ❖ Approvable for members with a diagnosis of meningitis or nocardiosis whose infection is serious and the organism is susceptible to sulfadiazine.
- ❖ Approvable for members with a diagnosis of secondary rheumatic fever prophylaxis (prevention of recurrent attacks) who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to penicillin.
- ❖ Approvable for members with a diagnosis of treatment of toxoplasmosis used in conjunction with pyrimethamine (Daraprim) and leucovorin or with atovaquone.
- ❖ Approvable for members with a diagnosis of secondary prophylaxis (prevention) of toxoplasmosis in members with HIV who are *Toxoplasma*-seropositive with a CD4<sup>+</sup> count of <200 cells/mm<sup>3</sup> when used in conjunction with pyrimethamine (Daraprim) and leucovorin.
- ❖ Approvable for members with a diagnosis of paracoccidioidomycosis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to sulfamethoxazole-trimethoprim.
- ❖ For treatment of malaria due to chloroquine-resistant strains of *P. falciparum*, prescriber must submit a written letter of medical necessity stating the reasons all other antimalarial agents are not appropriate for the member. The Centers for Disease Control and Prevention (CDC) does not recommend the use of sulfadiazine for the treatment of malaria.



**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.