



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIBIOTICS, GI PA SUMMARY**

Preferred	Non-Preferred
Metronidazole tablets generic Neomycin generic Vancomycin generic	Aemcolo (rifamycin delayed-release) Difucid (fidamoxicin) Paromomycin generic Rebyota (fecal microbiota, live – jslm) Vowst (fecal microbiota spores, live – brpk) Xifaxan (rifaximin)

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Aemcolo

- ❖ Approvable for members 18 years of age or older with a diagnosis of traveler’s diarrhea (TD) caused by noninvasive strains of *Escherichia coli* (*E coli*) who have experienced inadequate response, allergies, contraindications, drug-drug interactions, intolerable side effects or resistance to at least two of the following preferred products: ciprofloxacin, ofloxacin and azithromycin.

Difucid

- ❖ Approvable for members 6 months of age or older for the treatment of *Clostridioides (Clostridium) difficile*-associated diarrhea (*C. difficile*) who have nonfulminant disease

AND

- ❖ For severe cases, member must have experienced inadequate response, allergy, contraindication, drug-drug interaction, intolerable side effect or resistance to vancomycin

OR

- ❖ For nonsevere cases, member must have experienced inadequate response, allergies, contraindications, drug-drug interactions, intolerable side effects or resistance to metronidazole and vancomycin.
- ❖ In addition for the oral suspension for members weighing 12.5 kg or more, the member must be unable to swallow solid oral dosage formulations (i.e., tablets).

Paromomycin

- ❖ Approvable for members with a diagnosis of intestinal amebiasis (*Dientamoeba fragilis*, *Entamoeba histolytica*) including asymptomatic intestinal colonization who have experienced inadequate response, allergy, contraindication, drug-drug interaction, intolerable side effect or resistance to metronidazole and tinidazole.
- ❖ Approvable for members 18 years of age or older a diagnosis of hepatic coma or hepatic encephalopathy when being used to suppress intestinal bacterial growth and the member has experienced inadequate response, allergy, contraindication, drug-drug interaction, intolerable side effect or resistance to neomycin.
- ❖ Approvable for members with a diagnosis of cryptosporidiosis (*Cryptosporidium parvum*) in human immunodeficiency virus (HIV)-infected patients when used in combination with



antiretroviral therapy (ART), symptomatic treatment, rehydration and electrolyte replacement.

Rebyota and Vowst

- ❖ Approvable if the following criteria are met:
 - Member is 18 years of age or older; *AND*
 - Member has a diagnosis of recurrence of *Clostridioides (Clostridium) difficile* infection (CDI) confirmed by the following;
 - Presence of diarrhea defined as a passage of 3 or more loose bowel movements within a 24-hour period for 2 consecutive days; *AND*
 - A positive stool test for *C. difficile* toxin or toxigenic *C. difficile*; *OR*
 - Member had at least 2 episodes of severe CDI resulting in hospitalization within the last year; *AND*
 - Medication is being used for prevention (prophylaxis) and not for treatment of recurrent CDI; *AND*
 - Member has a history of two or more recurrent episodes of CDI that were treated with antibiotics; *AND*
 - Member has received previous antibiotic treatment for recurrent CDI; *AND*
 - Member has completed at least 10 consecutive days of antibiotic therapy within 4 days prior to initiating the requested medication; *AND*
 - Member's previous episode of CDI is under control (e.g., less than 3 unformed/loose [i.e., Bristol Stool Scale type 6-7] stools/day for 2 consecutive days).

Xifaxan

- ❖ Approvable for members 12 years of age or older with a diagnosis of traveler's diarrhea caused by noninvasive strains of *Escherichia coli* who have experienced inadequate response, allergies, contraindications, drug-drug interactions, intolerable side effects or resistance to at least two of the following preferred products: ciprofloxacin, ofloxacin and azithromycin.
- ❖ Approvable for members 18 years of age or older with a diagnosis of hepatic encephalopathy who are taking lactulose or have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to lactulose.
- ❖ Approvable for members 18 years of age or older with a diagnosis of irritable bowel syndrome with diarrhea who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to two of the following antidiarrheals: loperamide, alosetron (Lotronex) and diphenoxylate-atropine (Lomotil).

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 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, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.