



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

<b>Preferred</b>	<b>Non-Preferred</b>
Atovaquone generic	Flagyl 375 mg (metronidazole)
Benznidazole generic*	Likmez (metronidazole suspension)
Dapsone generic	Metronidazole 375 mg generic
Daraprim (pyrimethamine)*	Nitazoxanide generic
Lampit (nifurtimox)*	
Metronidazole 250 mg, 500 mg generic	
Tinidazole generic	

\*Preferred but requires PA

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- ❖ Benznidazole generic, Daraprim and Lampit are preferred but require prior authorization (PA).
- ❖ If generic metronidazole 375 mg is approved, the PA will be issued for brand Flagyl 375 mg.

**PA CRITERIA:**

*Benznidazole Generic*

- ❖ Approvable for the treatment of Chagas disease (American trypanosomiasis, *Trypanosoma cruzi* infection) when diagnosis is confirmed by one of the following tests:
  - Detection of circulating *T. cruzi* trypomastigotes on microscopy
  - Detection of *T. cruzi* DNA by polymerase chain reaction assay
  - Two positive diagnostic serologic tests using different techniques (e.g., enzyme-linked immunoassay, indirect fluorescent antibody) and antigens (e.g., whole-parasite lysate, recombinant antigens) showing IgG antibodies to *T. cruzi*.
- ❖ Must be prescribed by or in consultation with an infectious disease specialist.

*Daraprim*

- ❖ Approvable for the treatment of infant members with congenital toxoplasmosis. Approvable for treatment of older members with toxoplasmosis when used in conjunction with sulfadiazine, or with clindamycin (Cleocin), atovaquone (Mepron) or azithromycin (Zithromax) and when member has experienced allergy, contraindication, drug-drug interaction or intolerable side effect to sulfadiazine.
- ❖ Approvable for the primary prophylaxis (prevention) of toxoplasmosis in members with human immunodeficiency virus (HIV) who are *Toxoplasma*-seropositive with a CD4<sup>+</sup> count of <100 cells/mm<sup>3</sup> when used in conjunction with atovaquone or dapsone and with leucovorin and when member has experienced ineffectiveness, allergy, contraindication, drug-drug interaction or



- intolerable side effect to trimethoprim-sulfamethoxazole (Bactrim, Septra, Sulfatrim).
- ❖ Approvable for the secondary prophylaxis 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 sulfadiazine and leucovorin, or with atovaquone or clindamycin and with leucovorin and when member has experienced allergy, contraindication, drug-drug interaction or intolerable side effect to sulfadiazine.
  - ❖ Approvable for the prophylaxis of *Pneumocystis* pneumonia (PCP) in immunocompromised members when used in conjunction with atovaquone or dapsone and with leucovorin and when member has experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to trimethoprim-sulfamethoxazole.
  - ❖ For the treatment or prophylaxis of malaria, 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 pyrimethamine (Daraprim) for the treatment or prophylaxis of malaria.

*Flagyl 375 mg, Likmez and Metronidazole 375 mg Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic metronidazole 250 mg and 500 mg, is not appropriate for the member.

*Lampit*

- ❖ Approvable for members 17 years of age and younger who weigh 2.5 kg or greater for the treatment of Chagas disease (American trypanosomiasis, *Trypanosoma cruzi* infection) when the diagnosis is confirmed by one of the following tests:
  - ❑ Detection of circulating *T. cruzi* trypomastigotes on microscopy
  - ❑ Detection of *T. cruzi* DNA by polymerase chain reaction assay
  - ❑ Two positive diagnostic serologic tests using different techniques (e.g., enzyme-linked immunoassay, indirect fluorescent antibody) and antigens (e.g., whole-parasite lysate, recombinant antigens) showing IgG antibodies to *T. cruzi*.
- ❖ For members 2 to 17 years of age, member must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to benznidazole.
- ❖ Must be prescribed by or in consultation with an infectious disease specialist.

*Nitazoxanide Generic*

- ❖ Approvable for members 12 years of age and older for the treatment of diarrhea caused by *Cryptosporidium parvum* who have HIV (human immunodeficiency virus) infection and are on antiretroviral therapy (ART) or who have an immunocompromising condition other than HIV (e.g., organ transplant).



- ❖ Approvable for members 12 years of age and older for the treatment of diarrhea caused by *Giardia lamblia* who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to metronidazole and tinidazole.

**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.