



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIDIARRHEALS PA SUMMARY

Preferred	Non-Preferred
Diphenoxylate/atropine generic Loperamide Rx generic	Alosetron generic Lotronex (alosetron)* Motofen (difenoxylin/atropine) Mytesi (crofelemer) Opium tincture 10 mg/mL generic Viberzi (eluxadoline)

*non-preferred but does not require PA

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Alosetron Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Lotronex is not appropriate for the member.

Motofen

- ❖ Approvable for members 12 years of age or older with a diagnosis of acute diarrhea or acute exacerbation of chronic diarrhea who have experienced an inadequate response to diphenoxylate/atropine and who have experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to loperamide (Imodium).

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 an inadequate response, 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).

Opium Tincture Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of acute diarrhea or acute exacerbation of chronic diarrhea who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to diphenoxylate/atropine (Lomotil) and loperamide (Imodium).

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:

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.