



AGENTS FOR H. PYLORI (HELIDAC, OMECLAMOX, PREVPAC, PYLERA) PA SUMMARY

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

For Helidac or Pylera

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the separate components of each product are not appropriate for the member.
- ❖ If medical necessity is granted, Pylera is preferred over Helidac.

For Omeclamox or Prevpac

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the separate components of each product are not appropriate for the member.
- ❖ As a reminder, proton pump inhibitors require PA. Omeprazole and pantoprazole are the preferred proton pump inhibitors if Prevpac is requested.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.