



**GEORGIA MEDICAID FEE-FOR-SERVICE  
H. PYLORI AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Pylera (bismuth subcitrate/metronidazole/ tetracycline)	Amoxicillin/clarithromycin/lansoprazole generic
	Helidac (bismuth subsalicylate/metronidazole/tetracycline)
	Omeclamox (amoxicillin/clarithromycin/omeprazole)

**LENGTH OF AUTHORIZATION:** 1 month

**PA CRITERIA:**

*For Helidac or Pylera*

- ❖ Physician must submit a written letter of medical necessity stating the reasons 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 Amoxicillin/Clarithromycin/Lansoprazole Generic*

- ❖ Physician must submit a written letter of medical necessity stating the reasons 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.

**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.