



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

<b>Preferred</b>	<b>Non-Preferred</b>
Mycobutin (rifabutin)	Rifabutin generic

**LENGTH OF AUTHORIZATION: 1 Year**

**PA CRITERIA:**

- ❖ Prescriber must submit a letter of medical necessity stating the reason(s) the preferred product, brand Mycobutin, is not appropriate for the member.

**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**.

**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.