

## DIFICID PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Month

**PA CRITERIA:**

- ❖ Approvable for the treatment of clostridium-difficile-associated diarrhea (C. difficile) in members 16 years of age or older

*AND*

- ❖ For severe cases, submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to vancomycin

*OR*

- ❖ For mild-to-moderate cases, submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to metronidazole and vancomycin

**EXCEPTIONS:**

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

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://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 Limit 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 Part II and select that manual.