GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA MEDICAID FEE-FOR-SERVICE
LAXATIVES AND CATHARTICS PA SUMMARY

Preferred	Non-Preferred
Colyte Gavilyte products EXCEPT Gavilyte-H Golytely MoviPrep Nulytely Polyethylene glycol (PEG) 3350 Prepopik Trilyte	Gavilyte-H Suprep

LENGTH OF AUTHORIZATION: 3 Months

PA CRITERIA:

Gavilyte-H and Suprep

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products are 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.**

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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.