



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

Preferred	Non-Preferred
Alinia (nitazoxanide)	Atovaquone generic
Dapsone generic	Flagyl ER (metronidazole extended-release)
Daraprim (pyrimethamine)	Flagyl 375mg (metronidazole)
Mepron (atovaquone)	Metronidazole 375mg generic
Metronidazole immediate-release generic	Tindamax (tinidazole)
Sulfadiazine generic	Tinidazole generic

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Daraprim is preferred but requires prior authorization (PA).
- ❖ If generic tinidazole is approved, the PA will be issued for brand Tindamax.

PA CRITERIA:

Atovaquone Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Mepron, is not appropriate for the member.

Daraprim

- ❖ Approvable for infant members with congenital toxoplasmosis.
- ❖ Approvable for members with toxoplasmosis when used in conjunction with sulfadiazine, or with clindamycin (Cleocin), atovaquone (Mepron) or azithromycin (Zithromax) when members have allergies, contraindications, drug-drug interactions or history of intolerable side effects to sulfadiazine.
- ❖ Approvable for primary prophylaxis (prevention) of toxoplasmosis when used in junction with atovaquone or dapsone and with leucovorin in members with human immunodeficiency virus (HIV) who are *Toxoplasma*-seropositive with a CD4⁺ count of <100 cells/mm³ and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to trimethoprim-sulfamethoxazole (Bactrim, Septra).
- ❖ Approvable for secondary prophylaxis of toxoplasmosis in members with HIV who are *Toxoplasma*-seropositive with a CD4⁺ count of <200 cells/mm³ when used in junction with sulfadiazine and leucovorin, or with atovaquone or clindamycin and with leucovorin when members have allergies, contraindications, drug-drug interactions or history of intolerable side effects to sulfadiazine.
- ❖ Approvable for prophylaxis of *Pneumocystis pneumonia* (PCP) in immunocompromised members when used in junction with atovaquone or dapsone and with leucovorin and members have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or history of intolerable side effects to trimethoprim-sulfamethoxazole.



- ❖ For treatment or prophylaxis of malaria, prescriber must submit a written letter of medical necessity stating the reasons all other antimalarial agents are not appropriate for the member. The Center for Disease Control and Prevention (CDC) does not recommend the use of pyrimethamine (Daraprim) for the treatment or prophylaxis of malaria.

Flagyl ER, Flagyl 375mg and Metronidazole 375mg Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic metronidazole immediate-release tablets (250mg, 500mg), is not appropriate for the member.

Tindamax and Tinidazole Generic

- ❖ Approvable for members with one of the following diagnoses:
 - Trichomoniasis
 - Bacterial vaginosis
 - Giardiasis
 - Intestinal amebiasis
 - Amebic liver abscess

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to metronidazole.
- ❖ In addition for generic tinidazole, prescriber must submit a written letter of medical necessity stating the reasons brand Tindamax is not appropriate for the member.

QLL PA CRITERIA:

Medication	QLL
Alinia 500 mg tablets	6 tablets per 30 days
Alinia 100 mg/5 ml powder for suspension	1 bottle (60 ml) per 30 days

Alinia Tablets

- ❖ An authorization to exceed the QLL may be granted if the member has diarrhea caused by *Cryptosporidium parvum*, is HIV positive, and is 12 years of age or older.

Alinia Suspension

- ❖ An authorization to exceed the QLL may be granted if the member has diarrhea caused by *Cryptosporidium parvum*, is HIV positive, and is 1-11 years of age. For members 12 years of age or older, the suspension will only be approved for members unable to swallow solid dosage forms.
- ❖ An authorization to exceed the QLL may be granted if the member has diarrhea caused by *Giardia lamblia* and is 1-11 years of age. For members 12 years of age or older, the suspension will only be approved for members unable to swallow solid dosage forms.

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 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.