



## GEORGIA MEDICAID FEE-FOR-SERVICE XIFAXAN PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 month for traveler's diarrhea; 6 months for hepatic encephalopathy; 3 months for irritable bowel syndrome with diarrhea

### PA CRITERIA:

- ❖ Approvable for a diagnosis of traveler's diarrhea in members 12 years of age or older who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred products (ciprofloxacin, ofloxacin, azithromycin).
- ❖ Approvable for a diagnosis of hepatic encephalopathy in members 18 years of age or older who are taking lactulose or have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to lactulose.
- ❖ Approvable for a diagnosis of irritable bowel syndrome with diarrhea in members 18 years of age or older who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or a history of intolerable side effects to loperamide or alosetron (Lotronex).

### 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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.