



## GEORGIA MEDICAID FEE-FOR-SERVICE ANTIBIOTICS, OTHER PA SUMMARY

Preferred	Non-Preferred
Daptomycin for IV solution generic*	n/a
n/a	Tygacil (tigecycline for IV solution)

\*preferred but requires PA; IV=intravenous

**LENGTH OF AUTHORIZATION:** Varies

### NOTES:

- ❖ If medication is being administered in a physician's office or clinic then the medication must be billed through the DCH physician services program and not the pharmacy services program. Information regarding the physician services program can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- ❖ Daptomycin generic is preferred but requires prior authorization.
- ❖ Medication must be administered in the member's home or in a long-term care facility.

### PA CRITERIA:

#### *Daptomycin Generic*

- ❖ Approvable for members who have been started and stabilized on the medication while in the hospital with a diagnosis of complicated skin/skin structure infection (cSSSI), Staphylococcus aureus bloodstream infection, endocarditis, osteomyelitis or septic arthritis.
- ❖ Approvable for members 1 year of age or older with a diagnosis of complicated skin/skin structure infection (cSSSI), Staphylococcus aureus bloodstream infection, endocarditis, osteomyelitis or septic arthritis and the organism must not be susceptible to preferred first-line antibiotics or member must have an allergy, contraindication, drug-drug interaction or intolerable side effect to at least one other susceptible preferred first-line antibiotic.

#### *Tygacil*

- ❖ Approvable for members who have been started and stabilized on the medication while in the hospital with a diagnoses of complicated skin/skin structure infection (cSSSI), complicated intra-abdominal infection or community acquired bacterial pneumonia.
- ❖ Approvable for members 18 years of age or older with a diagnoses of complicated skin/skin structure infection (cSSSI), complicated intra-abdominal infection or community acquired bacterial pneumonia and the organism must not be susceptible to preferred first-line antibiotics or member must have allergies, contraindications, drug-drug interactions or intolerable side effects to susceptible preferred first-line antibiotics.



#### **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](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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.