



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIBIOTICS, VAGINAL PA SUMMARY**

Preferred	Non-Preferred
Cleocin Ovules (clindamycin vaginal suppositories) Clindamycin capsules generic Metronidazole tablets generic Metronidazole vaginal gel 0.75% generic Miconazole vaginal suppositories 200 mg generic Nuvesse (metronidazole vaginal gel 1.3%) Terconazole vaginal cream and suppositories generic	Cleocin Cream (clindamycin vaginal cream 2%) Clindesse (clindamycin [one dose] vaginal cream 2%) Gynazole (butoconazole vaginal cream) Solosec (secnidazole) Vandazole (metronidazole vaginal gel 0.75%) Xaciato (clindamycin [single dose] vaginal gel 2%)

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

Cleocin Cream, Clindesse and Xaciato

- ❖ Approvable for members who have experienced an inadequate response with at least 2 preferred products, one of which must be Cleocin Ovules or oral clindamycin.

Gynazole

- ❖ Approvable for members who have experienced an inadequate response with at least 2 preferred products.

Solosec

- ❖ Approvable for members 12 years of age or older with a diagnosis of bacterial vaginosis who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with metronidazole, clindamycin and tinidazole.
- ❖ Approvable for members 12 years of age or older with a diagnosis of trichomoniasis who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with metronidazole and tinidazole.

Vandazole

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, metronidazole vaginal gel 0.75% generic and Nuvesse (metronidazole vaginal gel 1.3%), 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 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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.