



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

Preferred	Non-Preferred
Clindamycin capsules generic Clindesse (clindamycin [one dose] vaginal cream) Gynazole (butoconazole vaginal cream) 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 Ovules (clindamycin vaginal suppositories) Clindamycin vaginal cream generic (7-day) Solosec (secnidazole)

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

Cleocin Ovules and Clindamycin Vaginal Cream Generic

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

Solosec

- ❖ Approvable for members 18 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 to metronidazole and clindamycin.

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.