



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIVIRALS, GENERAL PA SUMMARY**

Preferred	Non-Preferred
Valcyte Solution (valganciclovir for oral solution)* Valganciclovir tablets generic	Ganciclovir injection generic Livtencity (maribavir) Prevymis injection and tablet (letermovir)

*requires PA for members 17 years of age and older

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Valcyte Solution does not require PA for members less than 17 years of age.
- ❖ ***The criteria details below are for the outpatient pharmacy program.*** If the medication is being administration in a physician’s office or clinic, please go to the Registered User portion of the Georgia Health Partnership website at www.mmis.georgia.gov/portal to request coverage from Physician Services.

PA CRITERIA:

Ganciclovir Injection Generic

- ❖ Approvable for members with a diagnosis of severe cytomegalovirus (CMV) disease who are unable to swallow or absorb oral dosage formulations of medication and when administered in the member’s home or in a long-term care facility.

Livtencity

- ❖ Approvable for members 12 years of age or older who weigh 35 kg or more for treatment of cytomegalovirus (CMV) infection/disease who have treatment failure, resistance, allergy, contraindication, drug-drug interaction or intolerable side effect to valganciclovir (Valcyte).

Prevymis Injection

- ❖ Approvable for members 18 years of age or older for prophylaxis of cytomegalovirus (CMV) infection in CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) or in CMV-seronegative recipient of a kidney transplant from a CMV-seropositive donor (D+/R-) who are unable to swallow or absorb oral dosage formulations of medication and have treatment failure, resistance, allergy, contraindication, drug-drug interaction or intolerable side effect to ganciclovir (Cytovene).

Prevymis Tablet

- ❖ Approvable for members 18 years of age or older for prophylaxis of cytomegalovirus (CMV) infection in CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) or in CMV-seronegative recipient of a kidney transplant from a CMV-seropositive donor (D+/R-) who have treatment failure, resistance, allergy, contraindication, drug-drug interaction or intolerable side effect to valganciclovir (Valcyte).



Valcyte Solution

- ❖ Approvable for members 17 years of age or older (PA not required for members less than 17 years of age) who are unable to swallow or absorb solid oral dosage formulations of medication.

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.