

**GEORGIA MEDICAID FEE-FOR-SERVICE  
CYTOMEGALOVIRUS AGENTS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Cytovene injection (ganciclovir) Valcyte Powder for Oral Solution (valganciclovir)^ Valganciclovir tablets generic*	Ganciclovir injection generic Prevymis injection and tablet (letermovir) Valganciclovir powder for oral solution generic

^does not require PA for members <17 years of age; \*does not require PA

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- If an injectable medication is being administered in a physician’s office, the medication then the medication must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Please go to the Georgia Health Partnership website at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- Valcyte Powder for Oral Solution does not require PA for members <17 years of age and valganciclovir tablets do not require PA.
- If generic ganciclovir injection is approved, the PA will be issued for brand Cytovene Injection.
- If generic valganciclovir powder for oral solution is approved, the PA will be issued for brand Valcyte Powder for Oral Solution.

**PA CRITERIA:**

*Cytovene Injection and Ganciclovir Injection Generic*

- ❖ Approvable if administered in a member’s home by home health or in a long-term care facility.

*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) who are unable to swallow or absorb oral dosage forms of medication and have an 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) who have an allergy, contraindication, drug-drug interaction or intolerable side effect to valganciclovir (Valcyte).



Valcyte Powder for Oral Solution and Valganciclovir Powder for Oral Solution Generic

- ❖ Approvable for members 17 years of age or older (PA not required for members less than 17 years of age for brand Valcyte Powder for Oral Solution) who are unable to swallow or absorb solid oral dosage forms 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](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.