



**GEORGIA MEDICAID FEE-FOR-SERVICE
GLYCOPEPTIDES PA SUMMARY**

Preferred	Non-Preferred
Vancomycin capsules and injection generic	Dalvance (dalbavancin injection) Firvanq (vancomycin oral solution) Vibativ (telavancin injection)

LENGTH OF AUTHORIZATION: Varies

NOTE: If a medication is being administered in a physician’s office then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program is located at www.mmis.georgia.gov.

PA CRITERIA:

Dalvance

- ❖ Approvable for members with a diagnosis of acute bacterial skin/skin structure infection (ABSSSI) who have been started and stabilized on while in the hospital

OR

- ❖ The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have an allergy, contraindication, drug-drug interaction or intolerable side effect to at least one susceptible preferred first-line antibiotic.

Firvanq

- ❖ Approvable for members unable to swallow solid oral dosage formulations (i.e., capsules, tablets) or who require dosing that cannot be obtained by vancomycin capsules.

Vibativ

- ❖ Approvable for members with a diagnosis of complicated skin/skin structure infection (cSSSI) or hospital-acquired, ventilator-associated bacterial pneumonia (HABP/VABP) who have been started and stabilized on while in the hospital

OR

- ❖ The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have an allergy, contraindication, drug-drug interaction or intolerable side effect to at least one susceptible preferred first-line antibiotic.

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 <http://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.