

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

<b>Preferred</b>	<b>Non-Preferred</b>
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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.