



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

Preferred	Non-Preferred
<i>Oral</i>	
Clindamycin generics unless otherwise noted	
<i>Injectable</i>	
Cleocin in D5W injection (clindamycin in D5W) Clindamycin injection generics unless otherwise noted	Clindamycin in D5W injection generic

LENGTH OF AUTHORIZATION: 1 Month

NOTES:

- ❖ Topical clindamycin products are located in the Topical Antiacne PA Summary.
- ❖ Vaginal clindamycin products are located in the Vaginal Antiinfectives PA Summary.
- ❖ If injectable 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 can be located at www.mmis.georgia.gov.

PA CRITERIA:

For Clindamycin in D5W Generic

- ❖ Medication must be administered in the member’s home by home health or in a long-term care facility

AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Cleocin in D5W, is not appropriate for the member.

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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.