



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

Preferred	Non-Preferred
Vancomycin capsules and injection generic	Dalvance (dalbavancin injection) Vibativ (telavancin injection)

LENGTH OF AUTHORIZATION: Varies

NOTE: If 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 skin/skin structure infection who have been started and stabilized on while in the hospital

OR

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Dalvance. The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have allergies, contraindications, drug-drug interactions, or history of intolerable side effects to susceptible preferred first-line antibiotics.

Vibativ

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

OR

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Vibativ. The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have allergies, contraindications, drug-drug interactions, or history of intolerable side effects to susceptible preferred first-line antibiotics.

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.