



**GEORGIA MEDICAID FEE-FOR-SERVICE
VAGINAL ANTIINFECTIVES PA SUMMARY**

Preferred	Non-Preferred
Clindamycin capsules generic Clindamycin vaginal cream 2% generic (7-day) Gynazole (butoconazole vaginal cream) Metronidazole vaginal gel 0.75% generic Metronidazole tablets generic Terconazole vaginal cream and suppositories generic	Cleocin Ovules (clindamycin vaginal suppositories) Clindesse (clindamycin [one dose] vaginal cream 2%) Nuvesse (metronidazole vaginal gel 1.3%)

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

Cleocin Ovules and Clindesse

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic clindamycin 2% vaginal cream (7-day treatment course), is not appropriate for the member.

Nuvesse

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic metronidazole vaginal gel 0.75%, 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.