

## TYGACIL PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 14 days

**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 can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).*

### PA CRITERIA:

- ❖ Medication must be administered in a member's home by home health or in a long-term care facility.
- ❖ Approvable for members who have been started and stabilized on Tygacil while in the hospital who have one of the following diagnoses:
  - complicated skin/skin structure infection
  - complicated intra-abdominal infection, or
  - community acquired-pneumonia

*OR*

- ❖ Approvable for members 18 years of age or older

*AND*

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Tygacil. The organism must not be susceptible to preferred first-line antibiotics; otherwise, physician should submit documentation of allergies, contraindications, drug-drug interactions, or a 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 **SXC Health Solutions at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.