

## VALACYCLOVIR PA SUMMARY

<b>PREFERRED</b>	Valtrex (brand)
<b>NON-PREFERRED</b>	Valacyclovir (generic)

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, brand name Valtrex, is not appropriate for the member.
  
- ❖ **QLL CRITERIA:** An authorization to exceed the QLL may be approved for the prevention of cytomegalovirus (CMV) disease following solid organ, bone marrow, or stem cell transplantation.
- ❖ An authorization to exceed the QLL may be approved for suppressive therapy of recurrent genital herpes in members with HIV infection. Faxed documentation of the member's CD4 count is required.

**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 Limit 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.