



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

| Preferred | Non-Preferred |
|--|---------------|
| Cubicin (daptomycin 500 mg for IV solution)* Daptomycin 350 mg for IV solution generic* | N/A |

*preferred but requires PA; IV=intravenous

LENGTH OF AUTHORIZATION: Varies based on diagnosis

NOTES:

- 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.gbp.georgia.gov.
- Cubicin and daptomycin are preferred but require prior authorization.

PA CRITERIA:

- ❖ Approvable for members who have been started and stabilized on the medication while in the hospital and have been diagnosed with complicated skin/skin structure infection (cSSSI), Staphylococcus aureus bloodstream infection, endocarditis, osteomyelitis or septic arthritis

OR

- ❖ The organism must not be susceptible to preferred first-line antibiotics or member must have allergy, contraindication, drug-drug interaction, or a history of intolerable side effect to at least one susceptible preferred first-line antibiotic.

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.