



VALACYCLOVIR QLL PA SUMMARY

Medication	QLL
Valacyclovir tablets	30 tablets per 30 days

LENGTH OF AUTHORIZATION: 1 Year

QLL PA CRITERIA:

- ❖ An authorization to exceed the QLL may be granted for the following conditions: prevention of cytomegalovirus (CMV) disease following solid organ, bone marrow, or stem cell transplantation; suppressive therapy of recurrent genital herpes in members with HIV infection; or prevention of CMV disease in members with HIV infection

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.