



**GEORGIA MEDICAID FEE-FOR-SERVICE
VALGANCICLOVIR PRODUCTS PA SUMMARY**

| Preferred | Non-Preferred |
|---|--------------------------------|
| Valcyte Powder for Oral Solution (valganciclovir) Valcyte tablets (valganciclovir) | Valganciclovir tablets generic |

LENGTH OF AUTHORIZATION: 1 Ye

NOTE: Valcyte powder for oral solution does not require PA for members <17 years of age.

PA CRITERIA:

Valcyte Powder for Oral Solution

- ❖ Approvable for members who are unable to swallow solid dosage forms of medication.

Valganciclovir Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Valcyte tablets, 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 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.