



CLEOCIN 900MG/6ML INJECTION PA SUMMARY

PREFERRED	Clindamycin 900mg/6ml, injection (generic)
NON-PREFERRED	Cleocin 900mg/6ml, injection (brand)

LENGTH OF AUTHORIZATION: 1 Month

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.*

PA CRITERIA:

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that generic clindamycin 900mg/6ml 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 **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 Limits 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.