



CEPHALOSPORINS – 3RD GENERATION PA SUMMARY

PREFERRED	Cefdinir, Cefdinir suspension, Cefditoren, Cefpodoxime, Cefpodoxime suspension, Suprax suspension (100mg/5ml or 200mg/5ml)
NON-PREFERRED	Cedax capsules, Cedax suspension, Omnicef, Omnicef suspension, Suprax (chewable, tablets, suspension 500mg/5ml)

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Cedax

- ❖ The organism being treated must be resistant or not susceptible to all of the preferred products, OR member must have contraindications, drug-to-drug interactions, or history of intolerable side effects to all of the preferred products.

For Suprax chewable, tablets, or suspension 500mg/5ml

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred products, including Suprax suspension [either 100mg/5ml or 200mg/5ml], are 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 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.