

CEPHALOSPORINS – 3RD GENERATION PA SUMMARY

PREFERRED	Cedax, Cedax suspension (patients ≤12 or ≥65 years of age only), Cefdinir, Cefdinir suspension, Cefpodoxime, Cefpodoxime suspension, Spectracef, Suprax suspension (patients ≤12 or ≥65 years of age only)
NON-PREFERRED	Cedax suspension (non-preferred for patients >12 and < 65), Omnicef, Omnicef suspension, Suprax tablets, Suprax suspension (non-preferred for patients >12 or <65 years old), Vantin tablets

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Suprax tablets

- ❖ Physician should submit documentation of the organism being treated as resistant or not susceptible to the preferred agents, OR contraindications, or drug-to-drug interactions, or history of intolerable side effects to all of the preferred products.

For Cedax suspension or Suprax suspension

- ❖ Member must be unable to swallow tablets and capsules OR
- ❖ Physician should submit documentation of the organism being treated as resistant or not susceptible to the preferred products, OR contraindications, or drug-to-drug interactions, or history of intolerable side effects to all of the preferred products.

EXCEPTIONS:

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

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services.