GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIBIOTICS, INHALED PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arikayce (amikacin liposome inhalation suspension)*</td>
<td>Tobi Podhaler (tobramycin inhalation capsules, 28 mg)</td>
</tr>
<tr>
<td>Bethkis (tobramycin nebulization solution, 300 mg/4 mL)</td>
<td>Tobramycin nebulization solution, 300 mg/5 mL generic</td>
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<tr>
<td>Cayston (aztreonam for inhalation solution)*</td>
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<tr>
<td>Kitabis Pak (tobramycin nebulizer solution, 300 mg/5 mL, and PARI LC Plus nebulizer)</td>
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*Preferred but requires PA

LENGTH OF AUTHORIZATION: Varies

NOTE: Arikayce and Cayston are preferred but require prior authorization (PA).

PA CRITERIA:

**Arikayce**

- Approvable for members 18 years of age and older with a diagnosis of Mycobacterium avium complex (MAC) lung disease who have been on a multidrug background regimen therapy for at least 6 consecutive months and have not yet achieved a negative sputum culture

**AND**

- Member must have limited or no alternative treatment options

**AND**

- Medication must be used as part of a combination antibacterial drug regimen and be prescribed by or in consultation with an infectious disease specialist.

**Cayston**

- Approvable for members 7 years of age and older with a diagnosis of cystic fibrosis (CF) who have a lung infection with *Pseudomonas aeruginosa*, a forced expiratory volume in one second (FEV₁) % predicted of 25% to 75% and experienced an inadequate response, allergy, contraindication, drug-drug interaction, or intolerable side effect with Bethkis or Kitabis.

**Tobi Podhaler and Tobramycin Nebulized Solution Generic**

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Bethkis and Kitabis Pak, 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 **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 Pharmacy and click on Other Documents, then select the most recent quarters QLL list.