



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

Preferred	Non-Preferred
Arikayce (amikacin liposome inhalation suspension)* Bethkis (tobramycin nebulization solution, 300 mg/4 mL) Cayston (aztreonam for inhalation solution)* Kitabis Pak (tobramycin nebulizer solution, 300 mg/5 mL, and PARI LC Plus nebulizer)	Tobi Podhaler (tobramycin inhalation capsules, 28 mg) Tobramycin nebulization solution, 300 mg/5 mL generic

\*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 (FEV<sub>1</sub>) % 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.