

# GEORGIA MEDICAID FEE-FOR-SERVICE CARBAPENEMS, INJECTABLE PA SUMMARY

Preferred	Non-Preferred
Ertapenem generic Meropenem generic	Imipenem/cilastin generic Meropenem/sodium chloride (NaCl) generic
Primaxin (imipenem/cilastin)	

#### **LENGTH OF AUTHORIZATION:** 1 month

#### NOTE:

- Preferred and non-preferred products require prior authorization.
- The criteria details below are for Pharmacy Services. If the medication is being administration in a physician's office or clinic, please go to the Registered User portion of the Georgia Health Partnership website at <a href="https://www.mmis.georgia.gov/portal">www.mmis.georgia.gov/portal</a> to request coverage from Physician Services.

#### PA CRITERIA:

## Ertapenem Generic, Meropenem Generic and Primaxin

❖ Approvable when administered in the member's home or in a long-term care facility.

## Imipenem/Cilastin Generic

❖ When administered in the member's home or in a long-term care facility, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Primaxin, is not appropriate for the member.

## Meropenem/Sodium Chloride Generic

When administered in the member's home or in a long-term care facility, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic meropenem, 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 OptumRx at 1-866-525-5827.

#### PREFERRED DRUG LIST:

❖ For online access to the Preferred Drug List (PDL), please go to <a href="http://dch.georgia.gov/preferred-drug-lists">http://dch.georgia.gov/preferred-drug-lists</a>.

## PA AND APPEAL PROCESS:



❖ For online access to the PA process, please go to <a href="www.dch.georgia.gov/prior-authorization-process-and-criteria">www.dch.georgia.gov/prior-authorization-process-and-criteria</a> 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 <a href="www.mmis.georgia.gov/portal">www.mmis.georgia.gov/portal</a>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.