



**GEORGIA MEDICAID FEE-FOR-SERVICE  
CARBAPENEMS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Meropenem injection generic Primaxin Injection (imipenem/cilastin)	Doribax Injection (doripenem) Imipenem/cilastin injection generic Meropenem/sodium chloride (NaCl) injection generic

**LENGTH OF AUTHORIZATION:** 1 month

**NOTE:** If medication is being administered in a physician’s office then the medication must be billed through the physician’s injectable program and not the outpatient pharmacy program. Please go to the Registered User portion of the Georgia Health Partnership website at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) to request a prior authorization (PA) from Physician Services.

**PA CRITERIA:**

*Doribax*

- ❖ Approvable for members with a diagnosis of complicated intra-abdominal infection or complicated urinary tract infection (UTI), including pyelonephritis and concurrent bacteremia, when administered in the member’s home by home health service or in a long-term care facility.

*Imipenem/Cilastin Injection Generic*

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

*Meropenem Injection Generic*

- ❖ Approvable when administered in the member’s home by home health service or in a long-term care facility.

*Meropenem/Sodium Chloride Injection Generic*

- ❖ When administered in the member’s home by home health service or in a long-term care facility, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic meropenem injection, is not appropriate for the member.

*Primaxin*

- ❖ Approvable when administered in the member’s home by home health service or in a long-term care facility.

**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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.