



**GEORGIA MEDICAID FEE-FOR-SERVICE  
CEPHALOSPORINS AND RELATED ANTIBIOTICS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
<b><i>Amoxicillin Products</i></b>	
Amoxicillin/clavulanate immediate-release (IR) tablets and suspensions generic unless otherwise noted	Amoxicillin/clavulanate 250/125 mg IR tablets generic Amoxicillin/clavulanate chewable tablets generic Amoxicillin/clavulanate 250-62.5 mg/5 mL suspension generic (amoxicillin/clavulanate) Amoxicillin/clavulanate extended-release (ER) tablets generic Augmentin Suspension 125-31.25 mg/5 mL (amoxicillin/clavulanate)
<b><i>Cephalosporin Products</i></b>	
<b><i>First Generation</i></b>	
Cefadroxil capsules and suspension generic Cephalexin suspension generic Cephalexin 250 mg, 500 mg capsules generic	Cefadroxil tablets generic Cephalexin 750 mg capsules generic Cephalexin tablets generic
<b><i>Second Generation</i></b>	
Cefaclor immediate-release capsules generic Cefprozil tablets and suspension generic Cefuroxime tablets generic	Cefaclor extended-release tablets generic
<b><i>Third Generation</i></b>	
Cefdinir capsules and suspension generic	Cefixime 100 mg/5 mL, 200 mg/5 mL suspension generic Cefpodoxime tablets and suspension generic

IR=immediate-release; ER=extended-release

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*Amoxicillin/Clavulanate 250-125mg Immediate-Release Tablets Generic and Amoxicillin/Clavulanate Chewable Tablets Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths of preferred strengths of generic amoxicillin/clavulanate immediate-release tablets and suspension are not appropriate for the member.

*Amoxicillin/Clavulanate Suspension 250-62.5mg/5ml Generic and Augmentin Suspension 125-31.25 mg/5 mL*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths of generic amoxicillin/clavulanate suspension are not appropriate for the member.



Amoxicillin/Clavulanate Extended-Release Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred strengths of generic amoxicillin/clavulanate immediate-release tablets are not appropriate for the member.

Cefadroxil Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cefadroxil capsules and suspension, are not appropriate for the member.

Cephalexin 750 mg Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cephalixin 250 mg and 500 mg capsules, are not appropriate for the member.

Cephalexin Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cephalixin 250 mg, 500 mg capsules as well as generic cephalixin suspension, are not appropriate for the member.

Cefaclor Extended-Release Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic cefaclor immediate-release capsules, is not appropriate for the member.

Cefixime Suspension Generic, Cefpodoxime Tablets and Suspension

- ❖ Approvable for members who have been started and stabilized on while in the hospital
- OR
- ❖ The organism being treated must be resistant or not susceptible to OR member must have contraindications, drug-drug interactions or intolerable side effects to the 3<sup>rd</sup> generation cephalosporin, cefdinir.

**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.