



**GEORGIA MEDICAID FEE-FOR-SERVICE
CEPHALOSPORINS, INJECTABLE PA SUMMARY**

| Preferred | Non-Preferred |
|---|---|
| First Generation Cefazolin injectable generic | n/a |
| Second Generation Cefotetan injectable generic Cefoxitin injectable generic Cefuroxime injectable generic | n/a |
| Third Generation Ceftazidime injectable generic Ceftriaxone injectable generic Tazicef (ceftazidime injectable) | Avycaz (ceftazidime/avibactam) |
| Fourth Generation Cefepime injectable generic | n/a |
| Fifth Generation n/a | Teflaro (ceftaroline) Zerbaxa (ceftolozane/tazobactam) |
| Other n/a | Fetroja (cefiderocol) |

LENGTH OF AUTHORIZATION: Up to 14 days

NOTES:

- ❖ If an injectable medication is being administered in a physician’s office then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program is located at www.mmis.georgia.gov.

PA CRITERIA:

Avycaz and Zerbaxa

- ❖ Approvable for members who have been started and stabilized on while in the hospital.
- ❖ Approvable for members with complicated intraabdominal infection (cIAI) when used in conjunction with metronidazole and the organism is not susceptible to other treatment options; otherwise, member must have failed therapy with or have allergies, contraindications, drug-drug interactions or



intolerable side effects to at least two other treatment options for complicated intraabdominal infection.

- ❖ Approvable for members with complicated urinary tract infections (cUTI), including pyelonephritis, when the organism is not susceptible to other treatment options; otherwise, member must have failed therapy with or have allergies, contraindications, drug-drug interaction, or intolerable side effects to at least two other treatment options for complicated urinary tract infection.

Teflaro

- ❖ Approvable for members who have been started and stabilized on while in the hospital.
- ❖ Approvable for members with acute bacterial skin and skin structure infection (ABSSSI) or community acquired bacterial pneumonia (CABP) when the organism being treated must not be susceptible to other treatment options; otherwise, member must have failed therapy with or have allergies, contraindications, drug-drug interaction, or intolerable side effects to at least two other treatment options for acute bacterial skin and skin structure infection.
- ❖ Approvable for members with community acquired bacterial pneumonia (CABP) when the organism being treated must not be susceptible to ceftriaxone; otherwise, member must have failed therapy with or have allergy, contraindication, drug-drug interaction or intolerable side effect to ceftriaxone.

Fetroja

- ❖ Approvable for members who have been started and stabilized on while in the hospital.
- ❖ Approvable for members with complicated urinary tract infections (cUTI), including pyelonephritis, when the organism is not susceptible to other treatment options; otherwise, member must have failed therapy with or have allergies, contraindications, drug-drug interaction, or intolerable side effects to at least two other treatment options for complicated urinary tract infection.

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