



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

Preferred	Non-Preferred
<b><i>First Generation</i></b>	
Cefadroxil capsules and suspension generic Cephalexin suspension generic Cephalexin 250 mg or 500 mg capsules generic Keflex 750 mg capsules (cephalexin)	Cefadroxil tablets generic Cephalexin 750 mg capsules generic Cephalexin tablets generic
<b><i>Second Generation</i></b>	
Cefaclor IR capsules Cefprozil tablets and suspension generic Cefuroxime tablets generic	Cefaclor ER tablets and IR suspension generic
<b><i>Third Generation</i></b>	
Cefdinir capsules and suspension generic	Cefixime 100 mg/5 mL and 200 mg/5 mL suspension generic Cefpodoxime tablets and suspension generic Suprax capsules, 500 mg/5 mL suspension, chewable tablets (cefixime)

IR=immediate-release; ER=extended-release

**LENGTH OF AUTHORIZATION:** Varies

**PA CRITERIA:**

*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 product, brand Keflex 750 mg capsules, is not appropriate for the member.

*Cephalexin Tablets Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cephalexin 250 mg, 500 mg capsules as well as generic cephalexin 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.



Cefaclor Suspension Generic

- ❖ 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 two preferred 1<sup>st</sup> or 2<sup>nd</sup> generation suspension products (cefadroxil, cephalexin, cefprozil).

Cefixime 100 mg/5 mL and 200 mg/5 mL Suspension Generic, Cefpodoxime Tablets and Suspension, Suprax Capsules, 500 mg/5 mL Suspension and Chewable Tablets

- ❖ 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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.