



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

Preferred	Non-Preferred
<i>First Generation</i>	
Cefazolin injectable generic	N/A
<i>Second Generation</i>	
Cefotetan injectable generic Cefoxitin injectable generic Cefuroxime injectable generic	N/A
<i>Third Generation</i>	
Cefepime injectable generic Cefotaxime injectable generic Ceftriaxone injectable generic Ceftazidime injectable generic Tazicef (ceftazidime injectable)	Avycaz (ceftazidime/avibactam)
<i>Other Generations</i>	
N/A	Teflaro (ceftaroline) Zerbaxa (ceftolozane/tazobactam)

LENGTH OF AUTHORIZATION: Varies

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

- ❖ Approvable for members who have been started and stabilized on while in the hospital.
- ❖ Approvable for members with complicated intraabdominal infection when used in conjunction with metronidazole and the organism is not susceptible to other treatment options; otherwise, member must 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, including pyelonephritis, when the organism is not susceptible to other treatment options; otherwise, member must 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 with acute bacterial skin and skin structure infection or community acquired pneumonia who have been started and stabilized on while in the hospital

OR

- ❖ The organism being treated must not be susceptible to preferred first-line antibiotics; otherwise, member must have allergies, contraindications, drug-drug interaction, or intolerable side effects to at least two preferred first-line antibiotics.

Zerbaxa

- ❖ Approvable for members who have been started and stabilized on while in the hospital.
- ❖ Approvable for members with complicated intraabdominal infection when used in conjunction with metronidazole and when the organism is not susceptible to other treatment options; otherwise, member must 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, including pyelonephritis, when the organism is not susceptible to other treatment options; otherwise, member must have allergies, contraindications, drug-drug interactions 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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.