



**GEORGIA MEDICAID FEE-FOR-SERVICE
PLEUROMUTILIN ANTIBIOTICS PA SUMMARY**

Preferred	Non-Preferred
n/a	Xenleta (lefamulin)

LENGTH OF AUTHORIZATION: Up to 7 days

NOTE:

- **The criteria details below are for the outpatient pharmacy program.** If a medication is being administered in a physician’s office or clinic, then the medication must be billed through the DCH physician services program and not the outpatient pharmacy program. Information regarding the physician services program is located at www.mmis.georgia.gov.

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with a diagnosis of community-acquired bacterial pneumonia (CABP) who have been started and stabilized on the medication while in the hospital.
- ❖ In addition for the injectable formulation, the member must not be able to switch to oral therapy and the medication must be administered in the member’s home 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 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.