



## GEORGIA MEDICAID FEE-FOR-SERVICE ANTIBIOTICS, INHALED PA SUMMARY

Preferred	Non-Preferred
Arikayce (amikacin liposome inhalation suspension)* Bethkis (tobramycin nebulization solution, 300 mg/4 mL) Cayston (aztreonam for inhalation solution)* Kitabis Pak (tobramycin nebulizer solution, 300 mg/5 mL, and PARI LC Plus nebulizer) Tobramycin nebulization solution, 300 mg/5 mL generic	Tobi Podhaler (tobramycin inhalation capsules, 28 mg)

\*Preferred but requires PA

**LENGTH OF AUTHORIZATION:** Varies

**NOTE:** Arikayce and Cayston are preferred but require prior authorization (PA).

### PA CRITERIA:

#### *Arikayce*

- ❖ Approvable for members 18 years of age and older with a diagnosis of Mycobacterium avium complex (MAC) lung disease who have been on a multidrug background regimen therapy for at least 6 consecutive months and have not yet achieved a negative sputum culture

*AND*

- ❖ Member must have limited or no alternative treatment options

*AND*

- ❖ Medication must be used as part of a combination antibacterial drug regimen and be prescribed by or in consultation with an infectious disease specialist.

#### *Cayston*

- ❖ Approvable for members 7 years of age and older with a diagnosis of cystic fibrosis (CF) who have a lung infection with *Pseudomonas aeruginosa*, a forced expiratory volume in one second (FEV<sub>1</sub>) % predicted of 25% to 75% and experienced an inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with tobramycin (Bethkis, Kitabis Pak, Tobi).

#### *Tobi Podhaler*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Bethkis, Kitabis Pak and generic tobramycin (Tobi), are not appropriate for the member.

### 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 <http://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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.