



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

<b>Preferred</b>	<b>Non-Preferred</b>
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](http://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](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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.