



GEORGIA MEDICAID FEE-FOR-SERVICE URINARY ANTIINFECTIVES PA SUMMARY

Preferred	Non-Preferred
Fosfomycin tromethamine generic Methenamine mandelate generic Nitrofurantoin capsules generic Uro-MP	Methenamine hippurate generic Nitrofurantoin suspension generic Urogesic Blue

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Methenamine Hippurate Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methenamine mandelate, is not appropriate for the member.

Nitrofurantoin Suspension Generic

- ❖ Approvable for members who are unable to swallow solid oral dosage formulations (i.e., capsules, tablets).

Urogesic Blue

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to two preferred products.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.