



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

Preferred	Non-Preferred
<i>First Generation</i> Cefadroxil capsules and suspension generic Cephalexin suspension generic Cephalexin 250 mg or 500 mg capsules generic Keflex 750 mg capsules (cephalexin)	Cefadroxil tablets generic Cephalexin 750 mg capsules generic Cephalexin tablets generic
<i>Second Generation</i> Cefaclor IR capsules Cefprozil generic Ceftin suspension (cefuroxime) Cefuroxime tablets generic	Cefaclor ER tablets and IR suspension generic
<i>Third Generation</i> Cefdinir generic Ceftriaxone generic Suprax capsules (cefixime)	Avycaz (ceftazidime/avibactam) Cefixime suspension generic Cefpodoxime generic Suprax 500 mg/5 mL suspension, chewable tablets (cefixime)
<i>Other Generations</i> n/a	Teflaro (ceftaroline) Zerbaxa (ceftolozane/tazobactam)

IR=immediate-release; ER=extended-release

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:

Cefadroxil tablets generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cefadroxil capsules and suspension, are not appropriate for the member.

Cephalexin 750 mg Capsules Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Keflex 750 mg capsules, is not appropriate for the member.

Cephalexin Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic cephalexin 250 mg, 500 mg capsules as well as generic cephalexin suspension, are not appropriate for the member.

Cefaclor Extended-Release Tablets Generic



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

Cefaclor Suspension Generic

- ❖ Approvable for members who have been started and stabilized on while in the hospital

OR

- ❖ The organism being treated must be resistant or not susceptible to OR member must have contraindications, drug-drug interactions or intolerable side effects to two preferred 1st or 2nd generation suspension products (cefadroxil, cephalixin, cefprozil, cefuroxime).

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 a history of intolerable side effects to at least three 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 a history of intolerable side effects to at least three other treatment options for complicated urinary tract infection.

Cefixime Suspension Generic, Suprax 500 mg/5 mL Suspension and Suprax Chewable Tablets

- ❖ Approvable for members who have been started and stabilized on while in the hospital

OR

- ❖ The organism being treated must be resistant or not susceptible to OR member must have contraindications, drug-drug interactions or intolerable side effects to the 3rd generation suspensions (cefdinir and cefpodoxime).

Cefpodoxime Generic

- ❖ Approvable for members who have been started and stabilized on while in the hospital

OR

- ❖ The organism being treated must be resistant or not susceptible to one of the preferred 3rd generation products, OR member must have contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred 3rd generation products.

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 interactions, or a history of intolerable side effects to susceptible 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 a history of 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 a history of 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.