

PIPERACILLIN/TAZOBACTAM PA SUMMARY

PREFERRED	Zosyn injection (brand)
NON-PREFERRED	Piperacillin/tazobactam injection (generic)

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

- ❖ Medication must be administered in a member's home by home health or in a long-term care facility

AND

- ❖ For generic piperacillin/tazobactam, physician should submit a written letter of medical necessity stating the reason(s) the preferred product, brand name Zosyn, is 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 **SXC Health Solutions at 1-866-525-5827.**

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.