



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

Preferred	Non-Preferred
Linezolid tablets generic Zyvox IV solution, oral suspension (linezolid)	Linezolid IV solution, oral suspension generic Sivextro (tedizolid)

LENGTH OF AUTHORIZATION: Varies

NOTES:

- ❖ Preferred products and non-preferred products require prior authorization.
- ❖ **The PA criteria below is for Pharmacy Services only.**
Prescribers administering medication in a clinic or office must bill the drug through Physician Services and not through Pharmacy Services. Information regarding the Providers’ Administered Drug List (PADL) is located at www.mmis.georgia.gov and log in to request coverage from Physician Services.
- ❖ If generic linezolid intravenous (IV) solution is approved, the PA will be issued for brand Zyvox IV solution. If generic linezolid oral suspension is approved, the PA will be issued for brand Zyvox oral suspension.

PA CRITERIA:

Linezolid Tablets Generic, Zyvox IV Solution and Oral Suspension, Linezolid IV Solution and Oral Suspension Generic

- ❖ Approvable for members who have been started and stabilized on linezolid (Zyvox) or IV vancomycin while in the hospital
- OR
- ❖ Member must have a VRE (vancomycin-resistant enterococcus faecium) or MRSA (methicillin-resistant staphylococcus aureus) infection with culture and documented sensitivity to linezolid (Zyvox)
- OR
- ❖ The organism must not be susceptible to preferred first-line antibiotics; otherwise, member must have allergies, contraindications, drug-drug interactions or intolerable side effects to susceptible preferred first-line antibiotics.
- ❖ In addition, the IV formulation is only approvable for members who are unable to switch to oral therapy or take medications by mouth.
- ❖ In addition, the tablets and oral suspension are approvable for members with a diagnosis of active, pulmonary extensively drug resistant (XDR) or treatment-intolerant or nonresponsive multidrug-resistant (MDR) tuberculosis (TB) when used in combination with pretomanid and bedaquiline (Sirturo) and administered under directly observed therapy (DOT) by a healthcare professional.



Sivextro

- ❖ Approvable for members who have been started and stabilized on tedizolid (Sivextro) or IV vancomycin while in the hospital

OR

- ❖ Approvable for members who have acute skin/skin structure infection with culture and documented sensitivity to tedizolid (Sivextro)

OR

- ❖ The organism must not be susceptible to linezolid (Zyvox); otherwise, member must have an allergy, contraindication, drug-drug interaction or intolerable side effect to linezolid (Zyvox).
- ❖ In addition, the IV formulation is only approvable for members who are unable to switch to oral therapy or take medications by mouth.

QLL CRITERIA:

- ❖ An authorization to exceed the QLL may be approved for a diagnosis of vancomycin-resistant *Enterococcus faecium* (VRE) 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.