



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

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

**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 can be located at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- ❖ Preferred and non-preferred products require prior authorization (PA).
- ❖ 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 Generic and Zyvox*

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

*OR*

- ❖ Physician must submit documentation of a VRE (vancomycin-resistant enterococcus faecium) or MRSA (methicillin-resistant staphylococcus aureus) infection with culture and documented sensitivity to Zyvox

*OR*

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Zyvox. The organism 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.
- ❖ Requests for the IV formulation are only approvable for members who are unable to take medications by mouth.
- ❖ In addition for linezolid IV solution and linezolid oral suspension, prescriber must submit a written letter of medical necessity stating the reasons brand Zyvox IV solution or Zyvox oral suspension, respectively, is not appropriate for the member.

*Sivextro*

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

*OR*

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



*OR*

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Sivextro. The organism must not be susceptible to linezolid (Zyvox); otherwise, member must have allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to linezolid.
- ❖ Requests for the IV formulation are only approvable for members who are unable to take medications by mouth.

**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.