



March 14, 2019  
Announcement 1856

## Nevada Medicaid Drug Use Review Board Votes to Adopt Policy on Outpatient Antibiotic Medications

The Nevada Medicaid Drug Use Review (DUR) Board met on July 26, 2018, and voted to adopt prior authorization criteria for third-generation cephalosporins, fluoroquinolones and oxazolidinones antibiotics. The criteria and requirements follow.

Effective March 4, 2019, the following third-generation cephalosporins, fluoroquinolones and oxazolidinones will require prior authorization for outpatient pharmacy claims.

<b>3<sup>rd</sup> Generation Cephalosporins</b>	<b>Fluoroquinolones</b>	<b>Oxazolidinones</b>
Cefdinir	Ciprofloxacin	Linezolid
Cefditoren	Delafloxacin	Tedizolid
Cefixime	Levofloxacin	
Cefotaxime	Moxifloxacin	
Cefpodoxime	Ofloxacin	
Ceftazidime		
Ceftriaxone		

### **Third Generation Cephalosporin and Fluoroquinolone Criteria:**

Prior authorization (PA) will be approved for the third-generation cephalosporins and fluoroquinolones if culture and sensitivity-proven susceptibilities and resistance to other agents suggest the requested drug is necessary.

### **Oxazolidinone Criteria:**

Prior authorization for Sivextro® (tedizolid) will be approved for recipients with a diagnosis of acute bacterial skin and skin structure infection:

- If the infection is caused by methicillin-resistant *Staphylococcus aureus* (MRSA), and
- The recipient has had a trial of or has a contraindication to an alternative antibiotic that the organism is susceptible to (depending on manifestation, severity of infection or culture or local sensitivity patterns; examples of alternative antibiotics may include, but not limited to: TMP/SMX, doxycycline, vancomycin, daptomycin, talavancin, clindamycin).

Prior authorization for Zyvox® (linezolid) will be approved:

- If the recipient has a diagnosis of vancomycin-resistant enterococcus (VRE) faecium infection or a diagnosis of MRSA infection, and

- The recipient has had a trial of or has a contraindication to an alternative antibiotic that the organism is susceptible to (depending on manifestation, severity of infection and culture or local sensitivity patterns; examples of alternative antibiotics may include, but are not limited to: TMP/SMX, doxycycline, vancomycin, tetracycline, clindamycin).

Approval will be granted if the recipient started treatment with intravenous antibiotic(s) in the hospital and requires continued outpatient therapy.

**Exception criteria:**

- Prescribed by an infectious disease specialist or by an emergency department provider.
- Ceftriaxone prescribed as first line treatment for gonorrhea, pelvic inflammatory disease, epididymo-orchitis and is an alternative to benzylpenicillin to treat meningitis for those with severe penicillin allergy.
- If cefixime is prescribed for gonococcal infection where ceftriaxone is unavailable.
- The recipient resides in one of the following:
  - Acute Care
  - Long-term Acute Care (LTAC)
  - Skilled Nursing Facility (SNF)

**Pharmacy override at Point of Sale:**

Pharmacies are able to bypass PA requirements if the prescriber is verified as an infectious disease specialist or an emergency department provider. The pharmacy must enter a PA Type "01" and PA Number of "00000054321".